



Indian Society of Clinical Sonologists

Empower to Serve

MEMBER REGISTRATION FORM

(ALL FIELDS MANDATORY)

Name:	P H O T O
Date of Birth: Sex: OM OF	
Nationality: <input type="radio"/> Indian <input type="radio"/> Others If Others specify:	
MCI Number:	

PERMANENT ADDRESS

Door No. : _____

Street: : _____

Area : _____

City : _____

State : _____

Country : _____

Pincode/Zip : _____

Mobile : _____

E-Mail : _____

WORK ADDRESS

Door No. : _____

Street: : _____

Area : _____

City : _____

State : _____

Country : _____

Pincode/Zip : _____

Mobile : _____

E-Mail : _____

Degree	Name of the Degree	Name of the Institution	Name of the University	Year of passing
UG				
PG Diploma				
PG Degree				
USG Training				

Current position: _____

PCPNDT Registration No: / Not registered

If "Yes" since years

continued...

Areas of Interest:

- General Ultrasound Obstetrics & Gynaecological Ultrasound Small Parts
 Interventions Vascular Doppler Ultrasound

Work experience:

PUBLICATIONS

(Please attach separate sheet if the list is large)

AWARDS

(Please attach separate sheet if the list is large)

Do you attend CMEs / Conferences regularly?: Yes No

If YES
(more than 3 per year)

- 1.
- 2.
- 3.
- 4.
- 5.

List of documents to be attached (tick if attached):

- Degree Certificates Medical Registration Certificate Proof of Address

Referred by ISOCS Member, Dr

**Life Time Membership Fee: INR 5,000/-
(Including Goods and Service Tax)**

Fee can be paid only by Demand Draft / Cheque in favour of
Indian Society of Clinical Sonologists payable at Chennai.

D.D. No.:

Date:

Issuing Bank:

Rupees:

Self Declaration:

I have not been convicted for any offence under the PCPNDT Act of 1994 so far. By becoming a member of ISOCS, I promise not to indulge in any act of sex determination or female Foeticide and I will abide by the rules of the organization and the PCPNDT ACT at all times.

Date:

Signature

FOR OFFICE USE ONLY

Registration: Accepted Rejected

If rejected, reason for rejection: _____

Details of Communication sent by mail / post on: _____

President / Secretary

No. 197, Dr. Natesan Road, Mylapore, Chennai - 600004, Tamil Nadu - India.

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