

INDIAN SOCIETY OF CLINICAL SONOLOGISTS

(ISOCS) KARNATAKA CHAPTER

Empower to Serve

MEMBER REGISTRATION FORM (ALL FIELDS MANDATORY)

Name :	196					
Date of Birth		Sex: M F		_		
Nationality: Indian Others		If Others specify :		Photo		
KMC Number :						
PERMANENT ADDRESS			WORK ADDRESS			
Door No.			Door No	ž į		
Street	1		Street	1		
Area	1		Area	ā	*	
City	1,		City	1	5	
State	1		State			
Country	1		Country	1		
Pincode/Zip	:		Pincode/	Zip :		
Mobile	4		Mobile			
E-Mail			E-Mail	¥		
Degree	Name of the Degree	Name of the I	nstitution	Name of the Unive	rsity Year of passing	
UG						
PG Diploma		10				
PG Degree						
USG Training					2	
Current position:						
PCPNDT Registration No: Registered : Yes No						
If "Yes" since years continued						

	The state of the s						
	Obstetrics & Gynaecological Ultrasound Small Parts 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?: O Yes O No							
1. 2. 3. 3. 4. 5.	*						
List of documents to be attached (tick if attached): Degree Certificates							
Referred by ISOCS Member, Dr. Life Time Membership Fee: INR 25,000/- (Including Service Tax) Fee can be paid only by Demand Draft / Cheque in favour of Indian Society of Clinical Sonologists / ISOCS (K) payable at Bangalore	Cheque/DD No.:						
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: O Accepted O Rejected							
If rejected, reason for rejection:							
Details of Communication sent by mail / post on:	President / Secretary						
No. 18/4, 1st Main Road, Sampangiramnagar, Bangalore - 560 027. Ph : 080 - 22483152							