



**GOVERNMENT OF GOA  
STATE FAMILY WELFARE BUREAU  
DIRECTORATE OF HEALTH SERVICES  
CAMPAL, PANAJI- 403 001**



**APPLICATION FOR SIX MONTHS CERTIFICATE TRAINING COURSE IN THE  
FUNDAMENTALS OF ABDOMINO - PELVIC ULTRA SONOGRAPHY LEVEL ONE  
FOR MBBS DOCTORS**

1. Full name of the doctor :

\_\_\_\_\_

2. Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Gender: \_\_\_\_\_

**4. For in-service candidates**

a. Name of the institution at which the candidate is working  
currently: \_\_\_\_\_

\_\_\_\_\_

b. Designation: \_\_\_\_\_

c. Date of joining the service: \_\_\_\_\_

5. **For General Candidates:-** Details of present employment/practice:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PASSPORT

SIZE

PHOTO

6. Details of previous positions

Sr.	Institution	Designation	Period

7. Nationality: \_\_\_\_\_

8. Residential Address with PIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Mobile No: 

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10. Email: \_\_\_\_\_

11. PARTICULARS OF QUALIFICATION

Sr.	Degree	College	University	Year of
1	MBBS			
2				



## DECLARATION

1. I hereby declare that all the particulars furnished in this application are true, correct and complete to the best of my knowledge and belief.
2. I further declare that I fulfil all the eligibility conditions prescribed for the course.
3. I have gone through the prospectus before filling up the application form.

Place:-

Date:-

Signature

### Enclosures (Please Tick)

1. Self-attested copy of the State Medical Council registration certificate.
2. Self-attested copy of qualifying degree certificates.
3. Self-attested Photo ID proof.
4. NOC in case of in-service candidates.

### Other information:-

1. Application submitted after the stipulated time will not be accepted.
2. Application should only be submitted directly to the office of the State Family Welfare Bureau Campal-Panaji Goa along with all the requisite documents.
3. The in-service candidates may submit the application form along with the NOC through the proper channel (i.e. through the office of the concerned Health Officer/Head of Department)
4. In the event of any information being found false or incorrect the admission is liable to be cancelled.
5. Leave or placement on training for the in-service candidates is the exclusive jurisdiction of the competent authority namely Public Health Department, Government of Goa. Mere selection will not qualify a candidate to join the course.
6. In case of any guidance/informational clarification, the candidates can contact the office of State Family Welfare Bureau Campal-Panaji Goa. (0832)-2225976/2225986