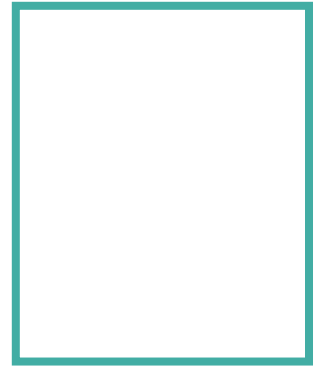




QURA DIAGNOSTICS
AND RESEARCH CENTRE



Application for the Fetal Fellowship

Personal Details

First Name: _____

Middle Names: _____

Surname: _____

Nationality: _____ Date of Birth: _____

Marital status: _____ Mother Tongue: _____

Other Language(s): _____

Telephone Number,
Home: _____

Mobile: _____

E-mail address: _____

MPMC Registration Number: _____

FMF ID Number (if available): _____

PCPNDT Registration Number: _____

Available to start (if successful): Anytime

or Specific time from ___/___/___ to ___/___/___ (dd/mm/yy)

Education (from University onwards- selection up to 4)

Years	Name of University/Organisation	Country

Practical Experience (Selection up to 5)

Date	Organisation – Hospital -Clinic	Address	Tel. No.

Research: (if any)

Publications (selection up to 5)

Year	Topic	Journal	Authors

Referees (up to 2)

Name	Organisation	Position	Tel. No.	email

Extra Information (Courses, Congresses, Presentations: (selection up to 7)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Please explain why you are applying for the Fetal fellowship (ONLY 1 page)