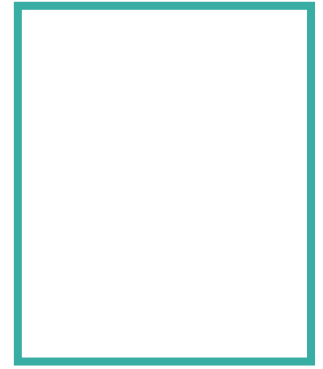




QURA DIAGNOSTICS
AND RESEARCH CENTRE



Application for the Women Imaging Fellowship

Personal Details

First Name: _____

Middle Name: _____

Surname: _____

Nationality: _____

Marital Status: _____ Date of Birth: _____

Other Language(s): _____ Mother Tongue: _____

Telephone Number, _____

Home: _____ Mobile: _____

Residential address (as per adhar): _____

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 Women Imaging fellowship
(ONLY 1 Page)**