



INDIAN MEDICAL RADIOLOGICAL TECHNICAL EDUCATION
SPECIALIZED TRAINING OF POST GRADUATE STUDENTS
2020 INTERNATIONAL EDITION

NAME: _____ AGE: _____
DATE OF BIRTH: _____ SEX: _____
FATHER'S NAME: _____ MOTHER'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ PIN CODE: _____
MOBILE NO: _____

1. Name of the candidate: _____
2. Roll No: _____
3. Name of the Institute: _____
4. Name of the Teacher: _____
5. Name of the Subject: _____
6. Name of the Chapter: _____
7. Name of the Topic: _____
8. Name of the Case: _____
9. Name of the Patient: _____
10. Name of the Referring Doctor: _____

Sl. No.	Subject	Topic	Case	Referring Doctor	Referring Hospital	Referring City	Referring State	Referring Country
1	Radio	Radio	Radio	Radio	Radio	Radio	Radio	Radio
2	Radio	Radio	Radio	Radio	Radio	Radio	Radio	Radio
3	Radio	Radio	Radio	Radio	Radio	Radio	Radio	Radio
4	Radio	Radio	Radio	Radio	Radio	Radio	Radio	Radio
5	Radio	Radio	Radio	Radio	Radio	Radio	Radio	Radio
6	Radio	Radio	Radio	Radio	Radio	Radio	Radio	Radio
7	Radio	Radio	Radio	Radio	Radio	Radio	Radio	Radio
8	Radio	Radio	Radio	Radio	Radio	Radio	Radio	Radio
9	Radio	Radio	Radio	Radio	Radio	Radio	Radio	Radio
10	Radio	Radio	Radio	Radio	Radio	Radio	Radio	Radio

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Signature of the candidate: _____
Signature of the Teacher: _____
Signature of the Referring Doctor: _____



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