



**Rainbow Training Course**  
Global Rainbow Healthcare  
NH-2, Near Guru Ka Taal, Sikandra, Agra - 282007  
Tel:- 0562 - 2600531/532/533/534/535/536/537  
Email:- info@rainbowhospitals.org Web. www.rainbowhospitals.org

### Application form for training courses

Name of the Center: - \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: Dr \_\_\_\_\_ Middle name: \_\_\_\_\_

Name on Certificate: Dr. \_\_\_\_\_

Sex: \_\_\_\_\_ Date Of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/ MM /YY) Qualification: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

Telephone Nos. with code: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email ID: \_\_\_\_\_

Member of: \_\_\_\_\_ Obstetric and Gynecological Society

D.D. No. \_\_\_\_\_ Drawn on: \_\_\_\_\_

Rs: \_\_\_\_\_ (in words) : \_\_\_\_\_

No. of Days: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Course Name & Fees**

Fees are paid by Demand Draft or a Banker's Cheque payable at Agra in favour of "Rainbow I.V.F." Along with the DD.

**All applications should be sent to Global Rainbow Healthcare.**

A completion certificate will be issued after successful completion of the course

Approved by: Dr. \_\_\_\_\_ Signature:- \_\_\_\_\_ Issued On:- \_\_\_\_\_

Form Revised on:- \_\_\_\_\_ Revision No. \_\_\_\_\_