

FORM FOR OBSERVER'S POST

Name:			Age:	Sex:	
Current Address:					
Tel. Nos:		Email:	Email:		
Work Details:					
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Degrees	Year	Со	llege	University	ì
Experience Sono/ Mammo:					
Observer's post details:					
Department (s) in which you want to do an observership:					
Period of observership (months/weeks):					
Why do you want to do this observership?					
For JIC usage (please do not fill this): Node of payment:					
Denosit amount:			ot navment.		

Terms:

- 1. There will be a minimum payment for <u>Sonography (Non Obstetric)/ Mammography</u> Rs. 15000/- per month. An initial deposit needs to paid as advance for confirmation. The amount may vary depending on the observership.
- 2. At the time of confirming the observership, there will be a deposit of one month to be paid as an advance by DD / NEFT favoring "Dr. Jankharia's Imaging Centre" payable at Mumbai, Maharashtra
- 3. This deposit will eventually be adjusted against the first month's payment. In case an observer can't attend the observership, this deposit will be forfeit
- 4. Proper decorum must be maintained.
- 5. No films, books, papers are to be taken out of the respective departments.
- 6. The patients are not to be inconvenienced at any cost