

Application form for **Part 3 MRCOG Revision Course by
FOGSI ICOG RCOG IRC west, FOGSI office, Mumbai**

Date: April 11-12, 2026 (Saturday & Sunday)

Name: _____

Email Id: _____ **Mob No:** _____

Qualifications: _____

Date & University of Passing MBBS: _____

Date & University of Passing Post-Graduation: _____

Part 1 & 2 MRCOG certificates: to be attached.

State Registrations No's: _____

Hospital Working: _____

Govt / Private Practice: _____

Present Working: _____

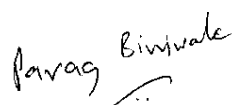
Course Fee – Early Bird **Rs. 36,000/- till 31.12.2025 & Rs. 40,000/- from 01.01.2026**

Bank Details for payment:

THE FEDERATION OF OBSTETRIC AND GYNAECOLOGICAL SOCIETIES OF INDIA	
ACCOUNT NAME	FOGSI
BANK NAME	BANK OF BARODA
BANK BRANCH ADDRESS	JACOB CIRCLE BRANCH
BANK SB A/C NO	24480100012810
IFSC CODE	BARB0JACOB (5th character is numeric zero & 9th is character capital O)
MICR CODE	400012092

Please send transfer details of payment to verify your payment to icogoffice@gmail.com

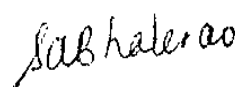
Signature:



Dr. Parag Biniwale
Chairperson, ICOG



Dr. Ashok Kumar
Vice Chairperson, ICOG



Dr. Sarita Bhalerao
Secretary, ICOG