ICOG-Emcure Pharma Travel Award

Applications are invited for **one ICOG-Emcure PharmaTravel Award** for this year from Members / Fellows of ICOG.

Qualifications and Requirements of the Applicant:

- Applicant should be below 40 years of age (Proof of age should be submitted).
- Applicant should possess MD / MS / DNB (Obst & Gyn) or any equivalent qualification. (Certified copy of the Certificate to be attached).
- Letter of acceptance as trainee.
- Brief Biodata.
- Letter of recommendation from PG Teacher, Head of Dept, President or Secretary of Society.
- 1 page summary of aims & objectives of the training
- Last Date : March 31

Award:

Candidate would like to take a **short term training of about 2-4 weeks anywhere in India.** Candidates must make their own arrangements for being accepted is trainee. After finishing the training, report from centre with photos should sent to office.

The amount of scholarship is Rs.35,000/- with the certificate will be given at the Convocation.

Application Form: ICOG EMCURE PharmaTravel AWARD

			Passport size photo
l	1.	NAME :	•
	2.	ADDRESS :	
	3.	AGE : 4. BIRTH DATE :	
II	1. 2.	Qualifications and any distinction or prizes in undergraduate or postgraduate examination: Number of attempts at MBBS / MS/ DNB (Obst & Gyn) or any equivalent qualification from Universities 1st, 2nd & 3rd) :	
Ш	1.	resent appointment (Please furnish Proof):	
IV	1.	Previous posts held (Please furnish Proof):	
V	1.	Articles published (One reprint of each article must be sent) :	
		a)Title b) Name of the Journal c) No. & Date of Journal Issue. d) Co-Aut	hors if Any.
VI	1.	articles under publication (<i>True copy of letter of acceptance must be submitted</i>) along with short abstracts.:	
VII	1.	Papers read at the All India Obstetric & Gynaecological Congress (prizes received in any, please furnish the letter from Organising Secretary of the Congress about reading the paper):	
VIII	1.	Attendance at All India Obst & Gyn. Congress (Please furnish the letter of attendance from the Organising Secretary of the Congress). Number of Congress attended along with dates:	
IX	1.	Research done if any :	
X	1.	Name of the Institution / Institutions and Hospitals and particular subjects in which candidate Would like to work (<i>Please give full details</i>):	
ΧI	1.	Any Additional Information :	
		Name of 2 references along with addresses: Signature of the can	didate
		Date :	
NB repli	es, k	If the form is not complete, if will not be accepted. If the space in the form is in kindly attach the same on separate paper.	
		the application (in past early) in the proparitied format along with the details abo	

Last Date: The application (in soft copy) in the prescribed format along with the details should send on ICOG Email on or before **March 31**.