

INDIAN COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS

of

The Federation of Obstetric & Gynaecological Societies of India

C wing-5,6,7,9,12,13,1st Floor, D wing Entrance, Trade World Bldg., Kamala City

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Passport
size
Photo

Application for International Fellowship

I desire to be an International Fellow of the Indian College of Obstetricians & Gynaecologists. I hereby apply for the same. I am paying the Fellowship fee in advance. If duly elected, I shall abide by all the rules and regulations of the College. I hereby furnish my bio-data.

Date of Application _____ Date of Receipt _____
(By Office) Signature of Applicant

Name (in Capital) _____
(Surname) (First Name) (Middle Name)

Degrees & Diplomas	University / College / Institution	Year of Qualifying

Experience in India :

Position	Medical College / University	Duration	Years ___ to ___

Current Position :

Position	Medical College / University	Duration

Permanent Address _____

Pin Code No. _____

Telephone Nos. _____
(Residence) (Office) (Mobile)

Fax No. _____ Email : _____

Date of Birth _____

Medical Council Registration Number and date,
mentioning the name of the State Register _____

Years of practice in Obstetrics & Gynaecology and / or Research in any aspect of Human
Reproduction _____

State / National/ International Conferences Attended: (Use additional Sheet of paper, if required)

Year	Place	Which Congress

Papers presented as FIRST Author at State / National / International Congresses
(Use additional Sheet of paper, if required)

Year	Place	Title

- 2 -

Papers Published in any recognized Journal/chapters in textbooks/articles in FOGSI Focus etc. (Use additional Sheet of paper, if required)

Name of the Publication	Year	Volume No.	Page Nos.	Title of the Paper / Chapter / article

Proposed by : _____
 (Surname) (First Name) (Middle Name)

Address : _____
 _____ Pin Code No. _____

Member of Society : _____ **Signature of the Proposer** _____

Seconded by : _____
 (Surname) (First Name) (Middle Name)

Address : _____
 _____ Pin Code No. _____

Member of Society : _____ **Signature of the Proposer** _____

(May be proposed and seconded by any Indian or Foreign Obst & Gyn Specialist)

To be filled by the Member Society (Certificate by the Member Society)
(Not Mandatory But Preferable)

This is to Certify that Dr. _____ is a continuous active Member of the Society for the last _____ years (Date of joining _____) and holds the qualification mentioned above.

 Signature of the President (Seal) _____
 Signature of the Hon. Secretary

To be filled in by the College Office

Serial No. _____ Date when application & Payment received _____

Amount Rs. _____ by Cash / Cheque / Draft

Receipt No. _____ Date _____

Date when application is approved by the Governing Council _____

Remarks _____

Date and Place of the Convocation when Fellowship Conferred _____

President, FOGSI-ICOG **Chairperson, ICOG** **Secretary, ICOG**

The eligibility for the International Fellowship is as follows : (Kindly attach Certified copies for proof).

1. Person of Indian Origin with Basic graduation from an Indian University.
2. Holding of MD or equivalent qualification for 3 years or more.
3. Membership of any Obstetric & Gynaecological Society for 5 years or more.
4. Publication of 3 papers in any reputed Journal of Obstetrics & Gynaecology or more.
5. Attendance of 2 State / National / International Congresses or more.
6. Presentation of at least 2 papers at State /National / International Congresses at First Author.
7. Fellowship payment of US \$ 500 (Demand Draft or wire transfer in favour of "F.O.G.S.I.").