

Application Form for ICOG Certification Course in Gynaecological Endoscopy

Criteria: 1) Candidate should be FOGSI Member. 2) Wants proof of MBBS & MD/MS/DGO/DNB in Ob-Gyn. 3) **PCPNDT Registration is mandatory** prior to starting the course or during training period & once a candidate leaves the centre, they must inform PCPNDT that they are no longer associated with that centre.

Recognized Centres : (Please ✓ click here):

For SIX months: 33

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|----------------------------------|---------------------------------|----------------------------------|
| Dr. Anagani Manjula, Hyderabad | Dr. Kotdawala Parul, Ahmedabad | Dr. Sethi Aora Anupama, Sonipat |
| Dr. Bansal Venus, Ludhiana | Dr. Kriplani Alka, Gurgaon | Dr. Singh Pratibha, Bhagalpur |
| Dr. Basheer Sanam, Kerala | Dr. M Sarada, Hyderabad | Dr. Sinha Rooma, Hyderabad |
| Dr. Baxi Asha, Indore | Dr. Makwana Sanjay, Jodhpur | Dr. Singla Rimmy, Mohali, Punjab |
| Dr. Bhat Vidya, Bangalore | Dr. Manchanda Rahul, New Delhi | Dr. Soman Urmila, Cochin |
| Dr. Boob Manjushree, Amravati | Dr. Munshi Sujal, Ahmedabad | Dr. Soni Anju, Jaipur |
| Dr. Chittawar Bhav Priya, Bhopal | Dr. Narayanan Sundar, Nagercoil | Dr. Tandulwadkar Sunita, Pune |
| Dr. Gade Maya, Mumbai | Dr. Pandya Manish, Gujarat | Dr. Trivedi Prakash, Mumbai |
| Dr. Gahlaut Singh Renu, Kanpur | Dr. Raj Mala, Chennai | Dr. Vijay Kumar C R, Bangalore |
| Dr. Gupte Sanjay, Pune | Dr. Rao Damodar R., Coimbatore | Dr. Y. Savitha Devi, Hyderabad |
| Dr. Jain Nutan, Muzaffarnagar | Dr. S. Krishnakumar, Mumbai | |
| Dr. Khanna Gita, Lucknow | Dr. Saxena Mala, Moradabad | |
| For ONE Year: 5 | | |
| Dr. Jain Nutan, Muzaffarnagar | Dr. Kotdawala Parul, Ahmedabad | Dr. Kriplani Alka, Gurgaon |
| Dr. Manchanda Rahul, New Delhi | Dr. S. Krishnakumar, Mumbai | |

Training Fee: **Rs.1,30,000/- / Rs. 2,60,000/-** by DD / local cheque / online Transfer

Training Period : **6 months / 1 year**

Name of the Candidate : _____
(Surname) (First Name) (Middle Name)

Qualification : _____

Residential Address : _____

Photo

Contact Numbers : _____ **Mobile:** _____

Email ID : _____ **Member of the Society :** _____

I am enclosing herewith Demand Draft No. _____ dated _____ for **Rs.1,30,000/- OR Rs. 2,60,000/-** drawn on _____ Bank in favour of **“FOGSI”** towards the training fees of Certification Course in **Gynaecological Endoscopy** OR Transfer details as _____.

Thanking you,

Signature of Candidate

(For Centre Only)

Training Period : From _____ to _____

Signature of Trainer

Disclaimer: The training courses are meant to be comprehensive refresher training for already qualified candidates. The information provided during training is not intended to substitute for formal medical training or certification. ICOG is in no way responsible for legal credentialing or training in any procedure or technique, nor are the training programs described a replacement for credentialing requirements. All curricula described are subject to change depending on available resources, as well as on the needs of the course participants. ICOG cannot take responsibility for the services provided by the trainees / trainers. ICOG and FOGSI are registered trademarks and their logo's are to be used only as per the guidelines.