

# Application Form for ICOG Certification Course in Reproductive Medicine

**Criteria:** 1) Candidate should be FOGSI Member. 2) Wants proof of MBBS & MD/MS/DGO/DNB in Ob-Gyn.

**Recognised Centres :** (Please / click here)

For SIX months:46 and For ONE Year:23		
Dr. Ayyanppan Rajapriya, Chennai (& 1 Yr)	Dr. Kannan Jayam, Trichy	Dr. S. Krishnakumar, Mumbai (& 1 Yr)
Dr. B Sandhya Rani, Telangana	Dr. Khanna Gita, Lucknow	Dr. Sachdeva Monica, Kanpur (& 1 Yr)
Dr. Bakshi Rita, New Delhi	Dr. Makwana Sanjay, Jodhpur (& 1 Yr)	Dr. Saxena Mala, Moradabad (& 1 Yr)
Dr. Bhat Vidya, Bengaluru	Dr. Malhotra Jaideep, Agra (& 1 Yr)	Dr. Shah Duru Sushil, Mumbai (& 1 Yr)
Dr. Baxi Asha, Indore	Dr. Malik Sonia, New Delhi (& 1 Yr)	Dr. Shah Sunil, Ahmedabad
Dr. Boob Manjushree, Amravati (& 1 Yr)	Dr. Misra Neelam, Kanpur	Dr. Shembekar Chaitanya, Nagpur (& 1 Yr)
Dr. Charmila A., Trichy (& 1 Yr)	Dr. Palshetkar Nandita, Mumbai	Dr. Singla Rimmy, Mohali, Punjab
Dr. Das Sankar Kumar Das, Assam	Dr. Pandey Seema, Azamgarh (& 1 Yr)	Dr. Sud Shilpi, Nagpur (& 1 Yr)
Dr. G. Buvanewari, Chennai (& 1 Yr)	Dr. Pandya Manish, Gujarat	Dr. T. Ramanidevi, Trichy
Dr. Gadam Mohan, Mumbai (& 1 Yr)	Dr. Patankar Leena, Pune (& 1 Yr)	Dr. Tandulwadkar Sunita, Pune (& 1 Yr)
Dr. Gahlaut Renu Singh, Kanpur (& 1 Yr)	Dr. Patil Madhuri, Bangalore (& 1 Yr)	Dr. Tiwari Brajbala, Indore
Dr. Gautam Kavitha, Chennai	Dr. Patted Shobana, Belagavi	Dr. Thiagarajan Vasundra, Chennai
Dr. Gupte Sanjay Anant, Pune	Dr. Prasad Sudha, New Delhi (& 1 Yr)	Dr. Trivedi Prakash, Mumbai (& 1 Yr)
Dr. Jassawalla M. J., Mumbai	Dr. Rao Asha R., Coimbatore (& 1 Yr)	Dr. Y. K. Swapna, Hyderabad
Dr. Jirge Padma Rekha, Kolhapur	Dr. Roy Himanshu, Patna	
Dr. K. S. Jeyarani Kamaraj, Chennai	Dr. S. Sankari Samundi, Chennai (& 1 Yr)	

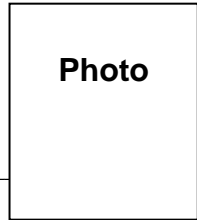
**Training Fee:** **Rs.1,30,000/- / Rs. 2,60,000/-** by DD / local cheque / online Transfer

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

**Name of the Candidate :** \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

**Qualification :** \_\_\_\_\_

**Residential Address :** \_\_\_\_\_



**WhatsApp Mobile No:** \_\_\_\_\_

**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 Reproductive Medicine 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.