

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:42 and For ONE Year:19		
Dr. Ayyanppan Rajapriya, Chennai (& 1 Yr)	Dr. Kannan Jayam, Trichy	Dr. S. Sankari Samundi, Chennai (& 1 Yr)
Dr. Bakshi Rita, New Delhi	Dr. Khanna Gita, Lucknow	Dr. S. Krishnakumar, Mumbai (& 1 Yr)
Dr. Bhat Vidya, Bengaluru	Dr. Makwana Sanjay, Jodhpur (& 1 Yr)	Dr. Sachdeva Monica, Kanpur (& 1 Yr)
Dr. Baxi Asha, Indore	Dr. Malhotra Jaideep, Agra (& 1 Yr)	Dr. Shah Duru Sushil, Mumbai (& 1 Yr)
Dr. Boob Manjushree, Amravati (& 1 Yr)	Dr. Malik Sonia, New Delhi (& 1 Yr)	Dr. Shah Sunil, Ahmedabad
Dr. Das Sankar Kumar Das, Assam	Dr. Palshetkar Nandita, Mumbai	Dr. Shembekar Chaitanya, Nagpur (& 1 Yr)
Dr. G. Buvaneswari, Chennai (& 1 Yr)	Dr. Pandey Seema, Azamgarh	Dr. Sud Shilpi, Nagpur
Dr. Gadam Mohan, Mumbai (& 1 Yr)	Dr. Pandya Manish, Gujarat	Dr. T. Ramanidevi, Trichy
Dr. Gahlaut Renu Singh, Kanpur (& 1 Yr)	Dr. Patankar Leena, Pune (& 1 Yr)	Dr. Tandulwadkar Sunita, Pune (& 1 Yr)
Dr. Gautam Kavitha, Chennai	Dr. Patil Madhuri, Bangalore (& 1 Yr)	Dr. Tiwari Brajbala, Indore
Dr. Gupte Sanjay Anant, Pune	Dr. Patted Shobana, Belagavi	Dr. Thiagarajan Vasundra, Chennai
Dr. Jassawalla M. J., Mumbai	Dr. Prasad Sudha, New Delhi (& 1 Yr)	Dr. Trivedi Prakash, Mumbai (& 1 Yr)
Dr. Jirge Padma Rekha, Kolhapur	Dr. Rao Asha R., Coimbatore (& 1 Yr)	Dr. Y. K. Swapna, Hyderabad
Dr. K. S. Jeyarani Kamaraj, Chennai	Dr. Roy Himanshu, Patna	Dr. B Sandhya Rani, Telangana

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

Training Period : 6 months / 1 year

<p>Name of the Candidate : _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Surname) (First Name) (Middle Name) </div> </p> <p>Qualification : _____</p> <p>Residential Address : _____</p> <p>Contact Numbers : _____ Mobile: _____</p> <p>Email ID : _____ Member of the Society : _____</p>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p style="font-weight: bold; font-size: 1.2em;">Photo</p> </div>
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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.