## Application Form for Recognition of Centre for ICOG Certification Course on Fetal Medicine

## Criteria:

- Should complete 3 years of ICOG Fellowship (FICOG).
- A DD or Bank transfer of Rs. 35,000/- in favour of FOGSI payable at Mumbai.

Name of the Center	
Address	
Telephone Number	
Fax Number	
Email ID	
Web Page if any	
Centre in Charge	
Qualificaiton	
Member / Fellow of ICOG	
Infrastructure	1. Number of Beds
	2. Number of free / subsidized beds
	3. Number of indoor admissions per month
	4. Number of outdoor patients per day
Facilities	1. High Risk Pregnancy
	- Number of patients
	- Special clinic - Yes / No
	- Details if yes
	- Name of coordinator
	- Qualification
	2. Reproductive Endocrinology
	- Number of patients
	- Special clinic
	- Details if yes
	- Name of coordinator
	- Qualification
	3. Neonatology
	- Number of patients
	- Name of coordinator
	- Qualification
	4. Ultrasonography
	- Number of patients
	- Name of coordinator

	- Qualification
	Qualification
Antonotal Concening Facility	Dischamical
Antenatal Screening Facility	- Biochemical
	- Ultrasound
	- Cardiotocography
	- Endocrine Screening
Labour Room Facility	- Number of Labour Beds
	- Electronic Foetal Monitoring
	- Labour Analgesia
	- Neonatal Resuscitation
	Troonatal Production
Neonatology	- Baby Warmers
Neonatology	- Phototherapy Unit
	- Neonatal Screening
	- Vaccination
Statistics (Previous one	1. Number of Deliveries – Total / Normal / Assisted / LSCS / Others
year)	- Number of High Risk Labours.
	- Number of Spontaneous / Induced Labours.
	- Number of Postpartum Haemorrhage.
	2. Number of Antenatal Admissions -
	- Pregnancy Induced Hypertension.
	- Gestational Diabetes.
	- Anaemia.
	- Heart Disease.
	- Rh Disease.
	- IUGR
	- APH
	- Infections
	- Multifoetal Pregnancy
	- Preterm Labour
	- Abortions
	- BOH
	- Others
	3. Ultrasound
	- Number of Scans
	- First TM
	- Second TM
	- Third TM
	- Anomaly Scans
	- Number of Anomalies Diagnosed
	- Doppler
	- Interventional Procedures
	4. Neonatology
	- Number of New Born Babies
	- Birth Asphyxia
	- Growth Restricted Babies
	- Prematurity
	- i romatunty

	- Congenital Anomalies
	- Neonatal Jaundice
	- Meconium Aspiration
	- NICU Admissions
	5. Training Material
	- Video / CDs
	- Models
	- USG Plates
In House Accommodations	Yes / No
Hands on Training	Yes / No
Conference / Clinic Room	Yes / No
Internal Assess November of	W /NI-
Internet Access Number of	Yes / No
Patients, Details, Name of	
coordinator, Qualification Signature of Centre	
Incharge:	
incharge.	
Inspected by Name &	
Signature	
Date of Inspection:	
Date of moposition.	
Remarks:	