



## ICOG Online Centralized Lecture Series for Training Courses in

Reproductive Medicine

Fetal Medicine

Endoscopy

(Please tick on above course which you want to enroll)

Name: \_\_\_\_\_

Email Id: \_\_\_\_\_

Mob No: \_\_\_\_\_

Qualifications: \_\_\_\_\_

University of Passing MBBS: \_\_\_\_\_

University of Passing Post-Graduation: \_\_\_\_\_

State Registrations No's: \_\_\_\_\_

Hospital Working: \_\_\_\_\_

Govt / Private Practice: \_\_\_\_\_

Students Category.... DGO /DNB/ MD: \_\_\_\_\_

Present Working: \_\_\_\_\_

Why Want to Attend the Course: \_\_\_\_\_

Payment – Rs. 10,000/- for each course {Paid or Not Paid}: \_\_\_\_\_

### Bank Details for payment:

THE FEDERATION OF OBSTETRIC AND GYNAECOLOGICAL SOCIETIES OF INDIA	
ACCOUNT NAME	FOGSI
BANK NAME	BANK OF BARODA
BANK BRANCH ADDRESS	JACOB CIRCLE BRANCH
BANK SB A/C NO	24480100012810
IFSC CODE	BARB0JACOBC (5th character is numeric zero & 9th is character capital O)
MICR CODE	400012092

### Very Imp Note:

I Am Given Understanding That I Will Be Only Attending Lectures with The Permission of ICOG Officials & will not be given any certificate.

Signature: \_\_\_\_\_

Dr. Parul Kotdawala  
Chairperson, ICOG

Dr. Sheela Mane  
Vice Chairperson, ICOG

Dr. Sarita Bhalerao  
Secretary, ICOG