

# 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)

<b>For SIX months:40</b>		
Dr. Ayyanppan Rajapriya, Chennai	Dr. Khanna Gita, Lucknow	Dr. S. Krishnakumar, Mumbai
Dr. Bakshi Rita, New Delhi	Dr. Makwana Sanjay, Jodhpur	Dr. Sachdeva Monica, Kanpur
Dr. Bhat Vidya, Bengaluru	Dr. Malhotra Jaideep, Agra	Dr. Shah Duru Sushil, Mumbai
Dr. Baxi Asha, Indore	Dr. Malik Sonia, New Delhi	Dr. Shah Sunil, Ahmedabad
Dr. Boob Manjushree, Amravati	Dr. Palshetkar Nandita, Mumbai	Dr. Shembekar Chaitanya, Nagpur
Dr. G. Buvaneswari, Chennai	Dr. Pandey Seema, Azamgarh	Dr. Sud Shilpi, Nagpur
Dr. Gadam Mohan, Mumbai	Dr. Pandya Manish, Gujarat	Dr. T. Ramanidevi, Trichy
Dr. Gahlaut Renu Singh, Kanpur	Dr. Patankar Leena, Pune	Dr. Tandulwadkar Sunita, Pune
Dr. Gautam Kavitha, Chennai	Dr. Patil Madhuri, Bangalore	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	Dr. Trivedi Prakash, Mumbai
Dr. Jirge Padma Rekha, Kolhapur	Dr. Rao Asha R., Coimbatore	Dr. Y. K. Swapna, Hyderabad
Dr. K. S. Jeyarani Kamaraj, Chennai	Dr. Roy Himanshu, Patna	
Dr. Kannan Jayam, Trichy	Dr. S. Sankari Samundi, Chennai	
<b>For ONE Year:15</b>		
Dr. Ayyanppan Rajapriya, Chennai	Dr. Boob Manjushree, Amravati	Dr. G. Buvaneswari, Chennai
Dr. Gadam Mohan, Mumbai	Dr. Gahlaut Renu Singh, Kanpur	Dr. Malik Sonia, New Delhi
Dr. Patankar Leena, Pune	Dr. Prasad Sudha, New Delhi	Dr. Rao Asha R., Coimbatore
Dr. S. Krishnakumar, Mumbai	Dr. Shah Duru Sushil, Mumbai	Dr. Shah Sunil, Ahmedabad
Dr. Shembekar Chaitanya, Nagpur	Dr. Tandulwadkar Sunita, Pune	Dr. Trivedi Prakash, 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 :** \_\_\_\_\_

**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 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.