

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

| | |
|--------------------------------|--|
| 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 | |

| | |
|---------------------------------------|---|
| Antenatal Screening Facility | - Biochemical |
| | - Ultrasound |
| | - Cardiocotography |
| | - Endocrine Screening |
| Labour Room Facility | - Number of Labour Beds |
| | - Electronic Foetal Monitoring |
| | - Labour Analgesia |
| | - Neonatal Resuscitation |
| Neonatology | - Baby Warmers |
| | - Phototherapy Unit |
| | - Neonatal Screening |
| | - Vaccination |
| Statistics (Previous one year) | 1. Number of Deliveries – Total / Normal / Assisted / LSCS / Others |
| | - 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 |
| | - 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 |
| Internet Access Number of Patients, Details, Name of coordinator, Qualification | Yes / No |
| Inspected by | 1) Signature |
| | 2) Signature |
| Date | |
| Remarks | |
| Criteria: | |
| <ul style="list-style-type: none"> • Should complete 3 years of ICOG Fellowship (FICOG). • A DD of Rs. 30,000/- in favour of FOGSI payable at Mumbai. | |