

Application form

For ICOG Certification Course in Fetal Medicine

Criteria : 1) Candidate should be FOGSI Member. 2) MD/DGO/DNB in Ob-Gyn.

Recognised Centres : (Please / click here)

Dr. Acharya Prashant, Ahmedabad	Dr. Sahetya Raju, Mumbai
Dr. Bansal Vandana, Mumbai	Dr. Shah Jayprakash, Ahmedabad
Dr. Ratha Chinmayee, Hyderabad	Dr. Thiagarajan Vasundra, Chennai
Dr. Saravanan Selvapriya, Nagercoil	

Training Fee: Rs. 1,20,000/- by DD or local cheque **Training Period :** 6 months

Passport
Size
Photo

Name of the Candidate : _____
(Surname) (First Name) (Middle Name)

Qualification : _____

Mailing Address : _____

Contact Numbers : _____ **Mobile:** _____

Email ID : _____ **Member of the Society :** _____

I am enclosing herewith Demand Draft No. _____ dated _____ for **Rs.1,20,000/-** drawn on _____ Bank in favour of "**FOGSI**" towards the "**Training Fees of Certification Course in Fetal Medicine**".

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.