

# INDIAN COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

*The Federation of Obstetric and Gynaecological Societies of India (FOGSI) office.  
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Founded 1984

**LOG BOOK**  
for  
*Certificate Course*  
For  
*Ultrasound in reproductive medicine*

**Candidate Name:-----**

**Examination Reg. No:-----**

# Declaration

I, .....hereby do solemnly declare that all information contained in this LOGBOOK is a true and accurate record of my professional experience, education and training from ..... to ..... representing the period of training for the Certificate Course in Ultrasound in Reproductive Medicine .

Signature of Candidate:.....

Trainee Number: .....

Date: .....

Signature of Guide:

# ICOG CERTIFICATE COURSE

## ULTRASOUND IN REPRODUCTIVE MEDICINE & OBSTETRICS

### Log Book

PERSONAL DETAILS				
1.	Name (in full):			
2.	Date of Birth:			
3.	Date of Joining:			
4.	Permanent Address:			
5.	Address for communication:			
6.	Name of the College last studied:			
7.	Date of the joining for this course:			
8.	Qualifications:	Degree	Year of passing	University
9.	Experience			
10.	Title of Thesis / Dissertation:			





Sl. No.	Date	Name	Age	Diagnosis	Remarks

**Viability Pregnancy (10), Non-Viability Pregnancy (10), Normal Biometry (10), Growth Restriction (10), Abnormal Pregnancy (Ectopic/Multiple) (10), Color Doppler (10)**









Sl. No.	Date	Hospital No.	Name	Age	Indications	Procedure	Outcome	P/PA/A	Remarks

**Gaynae Cases (10), IUCD (10), Fibroids (10), Ovarian Cysts (10), DUB (AUB) (10), T.V.S. Scans (10)**

















# CLINICAL CASES

## 20 CASES

Sl. No.	Date	Hospital No.	Diagnosis	Remarks and Signature of Moderator

20 Cases to be presented





**CME / CONFERENCES ATTENDED**

<b>Date</b>	<b>Place</b>	<b>Name of CME/ Conference</b>	<b>Remarks and Signature by Guide</b>

**To attend at least 5 C.M.E. & Conferences**

**TITLES OF PAPERS PRESENTED / PUBLISHED**

1.
2.
3.
4.
5.
6.
7.
8.

**To write & send at least 2 papers for publication**