

Application form For ICOG Certification Course in Ultrasound

Recognised Centres : (Please / click here)

- Dr.Authillangom Rajam, *Tirunelveli*
- Dr.Divakar Hema, *Bangalore*
- Dr.Gupte Sanjay Anant, *Pune*
- Dr.Malhotra Narendra, *Agra*

Training Fees : Rs.50,000/- for 6 months

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.50,000/- drawn on _____ Bank in favour of "FOGSI" towards the "Training
Fees of Certification Course in Ultrasound".

Thanking you,

Signature of Candidate

(For Centre Only)

Training Period : From _____ to _____

Signature of Trainer

