

# Application form For ICOG Certification Course in Perinatology

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**Recognised Centres : (Please / click here)**

- Dr.Divakar Hema, *Bangalore*
- Dr.Gupte Sanjay Anant, *Pune*
- Dr.Malhotra Narendra, *Agra*
- Dr.Pandit Suchitra, *Mumbai*
- Dr.Roy Shanti, *Patna*

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

**Training Period** : 6 months

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Passport  
Size  
Photo

**Name of the Candidate** : \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

**Qualification** : \_\_\_\_\_

**Mailing Address** : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Numbers** : ® \_\_\_\_\_ © \_\_\_\_\_

Mobile \_\_\_\_\_

**Email ID** : \_\_\_\_\_

**Member of the Society** : \_\_\_\_\_

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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 Perinatology".

Thanking you,

\_\_\_\_\_  
Signature of Candidate

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**(For Centre Only)**

**Training Period** : From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of Trainer