

Application form For ICOG Certification Course in Gynaecological Endoscopy

Recognised Centres : (Please click here)

- Dr.Prakash Trivedi, *Mumbai*

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 Reproductive Medicine".

Thanking you,

Signature of Candidate

(For Centre Only)

Training Period : From _____ to _____

Signature of Trainer

