

**Application form for Recognition of Centre for ICOG Certification Course
on
Ultrasound**

Name of Centre		
Address		
Contact Numbers		
Email ID		
Consultants	1.	
	2.	
	3.	
	4.	
Facilities	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
Ultrasound Room	Yes / No	
Ultrasound Machines	1.	
	2.	
	3.	
	4.	
Color Doppler Machine	1.	
	2.	
3 / D Machine	1.	
	2.	
Facility for Interventional Procedures	1. S.S.G.Sonohystero	Yes / No
	2. Cyst Punctures	Yes / No
	3. Amniocentesis	Yes / No
	4. C.V.S. / Cord Blood	Yes / No
	5. Others	
PNDT Registration No.		
Seminar Room	Yes / No	
	For How Many?	
Audio Visual Teaching Aids	Computer	Yes / No
	LCD	Yes / No
	VCR / DVD	Yes / No
	TV / Monitor	Yes / No

Library – Books on USG	1.	
	2.	
	3.	
	4.	
	Journals - International	1.
		2.
	Journals - National	1.
		2.
Facilities for Hands on Training		
Any other Relevant Information of Centre and Trainers		
Inspected by	1)	Signature
	2)	Signature
Date		
Remarks		