

## Application Form for Recognition of Centre for ICOG Certification Course on Perinatology

<b>Name of the Center</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Fax Number</b>	
<b>Email ID</b>	
<b>Web Page if any</b>	
<b>Centre in Charge</b>	
<b>Qualificaiton</b>	
<b>Member / Fellow of ICOG</b>	
<b>Infrastructure</b>	1. Number of Beds
	2. Number of free / subsidized beds
	3. Number of indoor admissions per month
	4. Number of outdoor patients per day
<b>Facilities</b>	1. High Risk Pregnancy
	- Number of patients
	- Special clinic - Yes / No
	- Details if yes
	- Name of coordinator
	- Qualification
	2. Reproductive Endocrinology
	- Number of patients
	- Special clinic
	- Details if yes
	- Name of coordinator
	- Qualification
	3. Neonatology
	- Number of patients
	- Name of coordinator
	- Qualification
4. Ultrasonography	
- Number of patients	
- Name of coordinator	
- Qualification	

<b>Antenatal Screening Facility</b>	- Biochemical
	- Ultrasound
	- Cardiocotography
	- Endocrine Screening
<b>Labour Room Facility</b>	- Number of Labour Beds
	- Electronic Foetal Monitoring
	- Labour Analgesia
	- Neonatal Resuscitation
<b>Neonatology</b>	- Baby Warmers
	- Phototherapy Unit
	- Neonatal Screening
	- Vaccination
<b>Statistics (Previous one year)</b>	1. Number of Deliveries – Total / Normal / Assisted / LSCS / Others
	- Number of High Risk Labours.
	- Number of Spontaneous / Induced Labours.
	- Number of Postpartum Haemorrhage.
	2. Number of Antenatal Admissions -
	- Pregnancy Induced Hypertension.
	- Gestational Diabetes.
	- Anaemia.
	- Heart Disease.
	- Rh Disease.
	- IUGR
	- APH
	- Infections
	- Multifoetal Pregnancy
	- Preterm Labour
	- Abortions
	- BOH
	- Others
	3. Ultrasound
	- Number of Scans
	- First TM
	- Second TM
	- Third TM
	- Anomaly Scans
	- Number of Anomalies Diagnosed
	- Doppler
	- Interventional Procedures
	4. Neonatology
	- Number of New Born Babies
	- Birth Asphyxia
	- Growth Restricted Babies
	- Prematurity
	- Congenital Anomalies
	- Neonatal Jaundice
	- Meconium Aspiration
	- NICU Admissions
	5. Training Material

	- Video / CDs
	- Models
	- USG Plates
<b>In House Accommodations</b>	Yes / No
<b>Hands on Training</b>	Yes / No
<b>Conference / Clinic Room</b>	Yes / No
<b>Internet Acce Number of Patients, Details, Name of coordinator, Qualification</b>	Yes / No
<b>Inspected by</b>	1) Signature
	2) Signature
<b>Date</b>	
<b>Remarks</b>	