

FORMAT FOR SUBMITTING PROPOSAL FOR ICOG – CME PROGRAMME FOR YEAR _____.

Name of Organisor	
Institute of Organisor	
Proposed Venue with details	
Proposed Dates	
At least 2 members of the Organising Committee of this workshop be Fellows / Members of ICOG.	1. 2.
Name of the Organising Committee Members	1. 6.
	2. 7.
	3. 8.
	4. 9.
	5. 10.
At least 2 members of the faculty of this workshop be Fellows / Members of ICOG.	1. 2.
Proposed local faculty With Designation	1.
	2.
	3.
	4.
	5.
Suggested Invited Faculty	1.
	2.
	3.
Proposed Subjects Topics	1.
	2.
	3.
	4.
	5.
Financial Outlay	
Local Medical Bodies i.e. IMA, Obst / Gyn Society likely to join	
Sponsored by Obst & Gyn Society	Name of the Society :
Cheque in favour of (Society Name)	
Signature	(Dr. _____,President) (Dr. _____,Secretary)
Name	
Correspondence Address	
Telephone Number	®
	©
Fax Number	

ICOG CME Guidelines

Kindly ensure the following :

1. A banner announcing the participation of ICOG is put up.
2. At least 2 Fellows of ICOG are involved as organisers and faculty members.
3. A sincere attempt is made to make new members of ICOG. ICOG Membership forms should be made available at the venue (10 forms enclosed).
4. A report, along with a photograph are sent to us after the event. (Format for Report enclosed).
5. During the Inauguration, at least one office bearer of ICOG should be invited to be seated on the dais. He / she should be given sometime during the Inaugural function to speak about ICOG and its activities. Our goal is to make FOGSI members more aware about ICOG and its activities so that they could enroll as Members and Fellows.

