

# INDIAN COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS

of

## The Federation of Obstetric & Gynaecological Societies of India

Model Residency Co-op.Hsg.Society, 605, Bapurao Jagtap Marg, Jacob Circle, Mahalaxmi East,  
Mumbai 400 011.

\* Tel : 91 - 22 - 20321648, 23021654, 230213243 \* Fax : 91 - 22 - 23021383



Passport  
size Photo

### Application for Fellowship

I desire to be an Fellow of the Indian College of Obstetricians & Gynaecologists. I hereby apply for the same. I am paying the Fellowship fee in advance. If duly elected, I shall abide by all the rules and regulations of the College. I hereby furnish my bio-data.

Date of Application \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
(By Office) Signature of Applicant

Name (in Capital) \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Degrees & Diplomas	University / College / Institution	Year of Qualifying

Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
Pin Code No. \_\_\_\_\_

Telephone Nos. \_\_\_\_\_  
(Residence) (Office) (Mobile)

Fax No. \_\_\_\_\_ Email : \_\_\_\_\_

Medical Council Registration Number and date,  
mentioning the name of the State Register \_\_\_\_\_

Years of practice in Obstetrics & Gynaecology \_\_\_\_\_

**State / National/ International Conferences Attended:** (Use additional Sheet of paper, if required)

Year	Place	Which Congress

**Papers presented as FIRST Author at State / National / International Congresses**

(Use additional Sheet of paper, if required)

Year	Place	Title

P.T.O.

**Papers Published in any recognised Journal/chapters in textbooks/articles in FOGSI Focus etc.**  
(Use additional Sheet of paper, if required)

Name of the Publication	Year	Volume No.	Page Nos.	Title of the Paper / Chapter / article

**Proposed by :** \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

**Address :** \_\_\_\_\_  
Pin Code No. \_\_\_\_\_

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

**Seconded by :** \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

**Address :** \_\_\_\_\_  
Pin Code No. \_\_\_\_\_

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

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**To be filled by the Member Society (Certificate by the Member Society)**

This is to Certify that Dr. \_\_\_\_\_ is a continuous active Member of the Society for the last \_\_\_\_\_ years (Date of joining \_\_\_\_\_ ) and holds the qualification mentioned above.



\_\_\_\_\_  
Signature of the President

\_\_\_\_\_  
Signature of the Hon. Secretary

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**To be filled in by the College Office**

Serial No. \_\_\_\_\_ Date when application & Payment received \_\_\_\_\_

Amount Rs. \_\_\_\_\_ by Cash / Cheque /Draft

Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Date when application is approved by the Governing Council \_\_\_\_\_

Remarks \_\_\_\_\_

Date and Place of the Convocation when Fellowship Conferred \_\_\_\_\_

\_\_\_\_\_  
**President, FOGSI**

\_\_\_\_\_  
**Chairman, ICOG**

\_\_\_\_\_  
**Hon. Secretary, ICOG**

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**The eligibility for the Fellowship is as follows : as of February 2008 ( Kindly attach Certified copies for proof ).**

1. Holding of MD or equivalent qualification for 10 years.
2. Membership of FOGSI for 5 years.
3. 100 ICOG Credit Points in 3 years.
4. Attendance of 2 FOGSI sponsored Congresses in the last 10 years.
5. Presentation of atleast 2 papers at FOGSI / FIGO / AOFOG / National / State Level Congresses as 1<sup>st</sup> author in the last 10 years.
6. Fellowship payment of Rs.15,500/- by Demand Draft payable at Mumbai in favour of "F.O.G.S.I.".