



## ICOG Online Centralized Lecture Series for Training Courses in

**Reproductive Medicine**

**Fetal Medicine**

**Endoscopy**

(Please tick on above course which you want to enroll)

**Name:** \_\_\_\_\_

**Email Id:** \_\_\_\_\_

**Mob No:** \_\_\_\_\_

**Qualifications:** \_\_\_\_\_

**University of Passing MBBS:** \_\_\_\_\_

**University of Passing Post-Graduation:** \_\_\_\_\_

**State Registrations No's:** \_\_\_\_\_

**Hospital Working:** \_\_\_\_\_

**Govt / Private Practice:** \_\_\_\_\_

**Students Category.... DGO /DNB/ MD:** \_\_\_\_\_

**Present Working:** \_\_\_\_\_

**Why Want to Attend the Course:** \_\_\_\_\_

**Payment – Rs. 10,000/- for each course {Paid or Not Paid}:** \_\_\_\_\_

**Bank Details for payment:**

<b>THE FEDERATION OF OBSTETRIC AND GYNAECOLOGICAL SOCIETIES OF INDIA</b>	
ACCOUNT NAME	FOGSI
BANK NAME	BANK OF BARODA
BANK BRANCH ADDRESS	JACOB CIRCLE BRANCH
BANK SB A/C NO	24480100012810
IFSC CODE	BARB0JACOBC (5th character is numeric zero & 9th is character capital O)
MICR CODE	400012092

**Very Imp Note:**

**I Am Given Understanding That I Will Be Only Attending Lectures with The Permission of ICOG Officials & will not be given any certificate.**

**Signature:**

**Dr. Sheela Mane**  
Chairperson, ICOG

**Dr. Sadhana Gupta**  
Vice Chairperson, ICOG

**Dr. Pratik Tambe**  
Secretary, ICOG