



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:

THE FEDERATION OF OBSTETRIC AND GYNAECOLOGICAL SOCIETIES OF INDIA	
ACCOUNT NAME	FOGSI
BANK NAME	BANK OF BARODA
BANK BRANCH ADDRESS	JACOB CIRCLE BRANCH
BANK SB A/C NO	24480100012810
IFSC CODE	BARB0JACOB (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