Application Form for ICOG Certification Course in Critical Care in Obstetrics

Criteria : 1) Candidate should be FOGSI Member. 2) Wants proof of MBBS & MD/MS/DGO/DNB in Ob-Gyn. 3**) PCPNDT Registration is mandatory** prior to starting the course or during training period & once a candidate leaves the centre, they must inform PCPNDT that they are no longer associated with that centre.

Recognised Centres : (Please √ click here)

Dr. Jyotsna Suri, New Delhi	Dr. Kavitha Gautham, Chennai

Training Fees: Rs.1,30,000/- by DD / local cheque / online transfer   **Training Period:** 6 months

Name of the Candidate : _____

(Surname)   (First Name)   (Middle Name)

Photo

Qualification   :   _____

Mailing Address   :   _____

_____

Contact Numbers   :   _____**Mobile:** _____

Email ID   :   _____**Member of the Society***:*_____

I am enclosing herewith Demand Draft No._____ dated _____ for **Rs.1,30,000/-** drawn on _____ Bank in favour of **"FOGSI"** towards the **"Training Fees of Certification Course in Critical Care in Obstetrics".**

Thanking you,

_____
Signature of Candidate

(For Centre Only)
Training Period: From _____ to _____

_____
Signature of Trainer

Disclaimer: The training courses are meant to be comprehensive refresher training for already qualified candidates. The information provided during training is not intended to substitute for formal medical training or certification. ICOG is in no way responsible for legal credentialing or training in any procedure or technique, nor are the training programs described a replacement for credentialing requirements. All curricula described are subject to change depending on available resources, as well as on the needs of the course participants. ICOG cannot take responsibility for the services provided by the trainees / trainers. ICOG and FOGSI are registered trademarks and their logo's are to be used only as per the guidelines.