

Application Form for ICOG Certification Course in Gynaecological Endoscopy

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.

Recognized Centres : (Please ✓ click here):

For SIX months: 33

Dr. Anagani Manjula, Hyderabad	Dr. Kotdawala Parul, Ahmedabad	Dr. Saxena Mala, Moradabad
Dr. Bansal Venus, Ludhiana	Dr. Kriplani Alka, Gurgaon	Dr. Sethi Aora Anupama, Sonipat
Dr. Basheer Sanam, Kerala	Dr. Makwana Sanjay, Jodhpur	Dr. Singh Pratibha, Bhagalpur
Dr. Baxi Asha, Indore	Dr. Manchanda Rahul, New Delhi	Dr. Sinha Rooma, Hyderabad
Dr. Bhat Vidya, Bangalore	Dr. Munshi Sujal, Ahmedabad	Dr. Singla Rimmy, Mohali, Punjab
Dr. Boob Manjushree, Amravati	Dr. Narayanan Sundar, Nagercoil	Dr. Soman Urmila, Cochin
Dr. Chittawar Bhav Priya, Bhopal	Dr. Pandya Manish, Gujarat	Dr. Soni Anju, Jaipur
Dr. Gade Maya, Mumbai	Dr. Raj Mala, Chennai	Dr. Tandulwadkar Sunita, Pune
Dr. Gahlaut Singh Renu, Kanpur	Dr. Rao Asha R., Coimbatore	Dr. Trivedi Prakash, Mumbai
Dr. Gupte Sanjay, Pune	Dr. S. Krishnakumar, Mumbai	Dr. Vijay Kumar C R, Bangalore
Dr. Jain Nutan, Muzaffarnagar	Dr. S Shantha Kumari, Hyderabad	Dr. Y. Savitha Devi, Hyderabad
For ONE Year: 5		
Dr. Jain Nutan, Muzaffarnagar	Dr. Kotdawala Parul, Ahmedabad	Dr. Kriplani Alka, Gurgaon
Dr. Manchanda Rahul, New Delhi	Dr. S. Krishnakumar, Mumbai	

Training Fee: **Rs.1,30,000/- / Rs. 2,60,000/-** by DD / local cheque / online Transfer

Training Period : **6 months / 1 year**

Name of the Candidate : _____
(Surname) (First Name) (Middle Name)

Qualification : _____

Residential Address : _____

Contact Numbers : _____ **Mobile:** _____

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

Photo

I am enclosing herewith Demand Draft No. _____ dated _____ for **Rs.1,30,000/- OR Rs. 2,60,000/-** drawn on _____ Bank in favour of **“FOGSI”** towards the training fees of Certification Course in **Gynaecological Endoscopy** OR Transfer details as _____.

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.