

INDIAN COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS
of

The Federation of Obstetric & Gynaecological Societies of India

6th Floor, New Building, Cama & Albless Hospital, Mahapalika Marg, Mumbai 400 001.

* Tel : 91 - 22 - 2264 23 08 * Fax : 91 - 22 - 2267 64 05



Passport
size
Photo

Application for Academic Fellowship

I desire to be an Academic 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)

Present status Academic position held :

Position	Medical College / University	Duration	Years ___ to ___

Degrees & Diplomas	University / College / Institution	Year of Qualifying

Permanent Address _____

Pin Code No. _____

Telephone Nos. _____
(Residence) (Office) (Mobile)

Fax No. _____ **Email :** _____

Date of Birth _____

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** _____

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

Sea

Signature of the Hon.Secretary

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

The eligibility for the Academic Fellowship is as follows : (Kindly attach Certified copies for proof).

1. Age above 50 years.
2. Holding a position of a Professor or Associate Professor at a Medical College / Hospital (to be attested by the Dean).
3. Holding of MD or equivalent qualification for 10 years or more.
4. Membership of FOGSI for 5 years or more.
5. Publication of 3 papers in any recognised Journal / chapters in textbooks / articles in FOGSI Focus etc or more
6. Attendance of 2 International / National / State Congresses or more
7. Presentation of at least 2 papers at International / National / Sate Congresses at First Author.
8. Fellowship payment of Rs.10,500/- (Demand Draft in favour of "F.O.G.S.I.").