



The Federation of Obstetric & Gynecological Societies of India
C – 5, 6, 7, 12, 13, 1st Floor, Trade World, Kamala City,
Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013
Tel:- +91-22-2495 1648, 2495 1654, 2491 8032 Fax : +91-22-2491 8048
Email:- fogsi2007@gmail.com Web: www.fogsi.org

Application form for training courses Cervical Cytology and Colposcopy in Obstetrics & Gynecology

Basic Colposcopy Training - 2 and 3 days Course

For FOGSI members having a Degree and Diploma in Obstetrics and Gynecology from MCI recognized universities.

Name of the Center: _____

The course Director of each Centre should send proper & complete form or in the standard ready form prepared by FOGSI

Surname: _____ First Name: Dr _____ Middle name: _____

Name on Certificate: Dr. _____

Sex: _____ Date Of Birth : ____ / ____ / ____ (DD/MM/YY) Qualification: _____

Address: _____

City: _____ State: _____ Pin: _____

Telephone Nos. with code: _____ Mobile: _____

Email ID: _____

Member of: _____ Obstetric and Gynecological Society

D.D. No. _____ Drawn on: _____

Rs: _____ (in words) : _____

No. of Days: _____ From: _____ To: _____

Signature of Applicant: _____

Course Fees

Two days course Rs. 8260/- Three days course Rs. 11800/-
For every additional day Rs. 2360/- should be added

Fees are paid by a Demand Draft or a Banker's Cheque payable at Mumbai in favour of "FOGSI". Along with the DD this form is to be submitted with choice of Centre and preferable months you would like to have the training.

All applications should be sent to FOGSI Office.

A completion certificate will be issued after successful completion of the course

Approved by: Dr. _____ Signature:- _____ Issued On:- _____

Form Revised on:- _____ Revision No. _____