

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, 2494 8032, 2494 8048

Email:- fogsi2007@gmail.com, office@fogsi.org, training@fogsi.org 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 Obstetri	cs and Gynecology from	MCI recognized universities.
Name of the Center: -			
The course Director of each Ce	ntre should send proper & complete	e form or in the standard re	ady form prepared by FOGSI
Surname:	First Name: Dr	Middle name:	
Name on Certificate: Dr			
Sex:Date Of Birth :	//(DD/ MM /Y	Y) Qualification:	
Address:			_
City:	State:	Pin:	
Telephone Nos. with code:_		Mobile:	
Email ID:			_
Member of:		Obstetri	c and Gynecological Society
D.D. No	Drawn on:		
Rs:	(in words) :		
No. of Days:	From:		Го:
	Signature of Applicant:		
Course Fees			
Two days course	☐ Rs. 8260/- Th	nree days course	Rs. 11800/-
For every additional day	Rs. 2360/- should be added		
form is to be submitted with cho All applications should be set	aft or a Banker's Cheque payable a nice of Centre and preferable month nt to FOGSI Office. ssued after successful completion of	s you would like to have the	
Approved by: Dr	Signature:-	1	ssued On:

Form Revised on:- Revision No.