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Application form for training courses <u>Basic / Advanced Gynecological Endoscopy</u>

	Basic Orientation 11	ays Course	Advanced O	Advanced Orientation Training - 14 day				
For FOGSI	members having a	Degree and	Diploma ir	n Obstetrics and G	ynecology from	m MCI recognized	d universities.	
Name of th	ne Center:							
The course	Director of each Cer	tre should se	end proper &	& complete form or	in the standard	ready form prepar	ed by FOGSI	
Surname:		First N	Name: Dr_		Middle name:			
Name on (Certificate: Dr							
Sex:	Date Of Birth:_		_/(DD/MM/YY) Qu	alification	ı:		
Address:								
						Pin:		
Mobile:Email ID:								
Member o	f:				Obste	tric and Gyneco	logical Society	
D.D. No		Drawn	on:		Rs:			
No. of Day	/s:		_From:			_To:		
	Signature of Applicant:							
			<u>c</u>	Course Fees				
	Basic Course	□ Rs.	17700/-	Advanced Co	ourse	☐ Rs. 29500/-		
form is to should be syear. FOG	aid by a Demand Dr be submitted with ch sent to FOGSI Office SI Awardees of Tra will be issued after su	oice of Cen FOGSI Awavelling fellov	tre and pre ardees of Tr wship will g	ferable months you ravelling fellowship jet two weeks train	u would like to will get two wee	have the training. eks training free fo	All applications or their particular	
Annroved I	hv: Dr		Sign:	ature:-		Issued On:-		

<u>Disclaimer:</u> 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. FOGSI 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. FOGSI cannot take responsibility for the services provided by the trainees / trainers. FOGSI is registered trademark and the logo is to be used only as per the guidelines.

Form Revised on:-_____ Revision No. ___