

Form Revised on:-

The Federation of Obstetric & Gynecological Societies of India C – 5, 6, 7, 9, 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 Basic / Advanced Infertility / IUI in Obstetrics & Gynecology

Basic Infertility - 7 days course Training	Tue:u:u	lity - 14 days course	IUI & Stimulation - 2 days Course Protocol	
For FOGSI members having a De	gree and Diploma in C	Obstetrics and Gynecolo	ogy from MCI recognized universitie	es.
Name of the Center: -				
The course Director of each Centre	should send proper & c	complete form or in the st	andard ready form prepared by FOGS	31
Surname:	First Name: DrMid		liddle name:	
Name on Certificate: Dr				
Sex: Date Of Birth :	//(DD	/ MM /YY) Qualification	on:	
Address:				
City:	State:		_Pin:	
Telephone Nos. with code:		Mobile	::	
Email ID:				
Member of:			Obstetric and Gynecological Soc	iety
D.D. No	Drawn on:			
Rs:	(in words) :			
No. of Days:	From:		To:	
		Signature of App	olicant:	
	Course	Fees		
IUI & Stimulation Protocol	☐ Rs. 3540/-	Basic Infertility Cou	rse 🛘 Rs. 17700/-	
Advanced Infertility Course	☐ Rs. 29500/-			
Fees are paid by a Demand Draft o form is to be submitted with choice All applications should be sent to	of Centre and preferable		or of " FOGSI ". Along with the DD this o have the training.	
A completion certificate will be issue	ed after successful com	pletion of the course		
Approved by: Dr	Signature:-		Issued On:-	

Revision No.