



# The Federation of Obstetric & Gynecological Societies of India

C – 5, 6, 7, 9, 12, 13, 1<sup>st</sup> Floor, Trade World, Kamala City,

Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013

Tel:- +91-22-2495 1648, 2495 1654, 2494 8032, 22-2494 8048

Email:- [fogsi2007@gmail.com](mailto:fogsi2007@gmail.com), [Office@fogsi.org](mailto:Office@fogsi.org), [training@fogsi.org](mailto:training@fogsi.org) Web: [www.fogsi.org](http://www.fogsi.org)

## Application form for training courses Basic / Advanced Ultrasound in Obstetrics & Gynecology

Basic Orientation Training - 7 days Course

Advanced Orientation Training - 14 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: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email ID: \_\_\_\_\_

Member of: \_\_\_\_\_ Obstetric and Gynecological Society

D.D. No. \_\_\_\_\_ Drawn on: \_\_\_\_\_ Rs: \_\_\_\_\_

No. of Days: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

### Course Fees

Basic Course - 7 days

Rs. 8850/-

Advanced Course

Rs. 29500/-

- 14 days

Rs. 17700/-

*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. FOGSI Awardees of Travelling fellowship will get two weeks training free for their particular year. FOGSI Awardees of Travelling fellowship will get two weeks training free for their particular year. A completion certificate will be issued after successful completion of the course.*

Approved by: Dr. \_\_\_\_\_ Signature:- \_\_\_\_\_ Issued On:- \_\_\_\_\_

Form Revised on: \_\_\_\_\_ Revision No: \_\_\_\_\_

**Disclaimer:** The training courses are meant to be comprehensive refresher training for already qualified Ob-Gyn (Category A) 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.