



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 Basic / Advanced Infertility / IUI in Obstetrics & Gynecology

Basic Infertility Training - 7 days course	Advanced Infertility Training - 14 days course	IUI & Stimulation Protocol - 2 days Course
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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

IUI & Stimulation Protocol	<input type="checkbox"/>	Rs. 3420/-	Basic Infertility Course	<input type="checkbox"/>	Rs. 17100/-
Advanced Infertility Course	<input type="checkbox"/>	Rs. 28500/-			

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. _____