

Application form for **Part 3 MRCOG Revision Course** by

FOGSI ICOG RCOG IRC west, FOGSI office, Mumbai

Date: April 8-9, 2025 (Tuesday & Wednesday)

Name: \_\_\_\_\_

Email Id: \_\_\_\_\_ Mob No: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Date & University of Passing MBBS: \_\_\_\_\_

Date & University of Passing Post-Graduation: \_\_\_\_\_

Part 1 & 2 MRCOG certificates: to be attached.

State Registrations No's: \_\_\_\_\_

Hospital Working: \_\_\_\_\_

Govt / Private Practice: \_\_\_\_\_

Present Working: \_\_\_\_\_

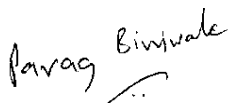
Course Fee – Early Bird **Rs. 36,000/- till 20.03.2025** & Rs. 40,000/- from 21.03.2025

Bank Details for payment:

THE FEDERATION OF OBSTETRIC AND GYNAECOLOGICAL SOCIETIES OF INDIA	
ACCOUNT NAME	FOGSI
BANK NAME	BANK OF BARODA
BANK BRANCH ADDRESS	JACOB CIRCLE BRANCH
BANK SB A/C NO	24480100012810
IFSC CODE	BARB0JACOB (5th character is numeric zero & 9th is character capital O)
MICR CODE	400012092

Please send transfer details of payment to verify your payment to [icogoffice@gmail.com](mailto:icogoffice@gmail.com)

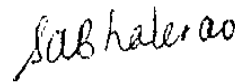
Signature:



Dr. Parag Biniwale  
Chairperson, ICOG



Dr. Ashok Kumar  
Vice Chairperson, ICOG



Dr. Sarita Bhalerao  
Secretary, ICOG