

**Application form for ICOG – CME/Webinar/ICOG Conference/Collaboration
Conference with ICOG.**

Name of Organization / FOGSI Society Name of the Conference		
Name of the Chairperson of Conference		
Virtual Programme / Conference		
Physical Programme / Conference		
Name of the President & Secretary of the society		
Dates of Conference/CME/Webinar		
At least 2 members of the Organising Committee of this workshop be Fellows / Members of ICOG.	1.	
	2.	
Name of the Organizing Committee Members Name of the Office Bearers	1.	6.
	2.	7.
	3.	8.
	4.	9.
	5.	10.
At least 2 members of the faculty of this workshop be Fellows / Members of ICOG.	1.	
	2.	
Names of the Faculties	1.	
	2.	
	3.	
Names of the Topics/ subjects	1.	
	2.	
Names of Invited Faculties	3.	
	4.	
	5.	
Correspondence Address		
Sponsored by Obst & Gyn Society		
Cheque in favour of (Society Name) / Bank details for online transfer		
Telephone Number	®	

Signed by _____