Application Form for MOGS Certification Course in Reproductive Medicine

Criteria: 1) Candidate should be MOGS / FOGSI Member. 2) Wants proof of MBBS & MD/MS/DGO/DNB in Ob-Gyn.

Recognised Centres: D. Y. Patil Medical College

Name of the centre Incharge	Dr. Rohan Palsh	etkar O	Dr. Richa Jagtap 〇		
Training Fee: Rs. 50,000/- + 18% GST by Training Period: 3 months	DD / local cheque / onlir	e Transfer			
Name of the Candidate :	(Surname)		(First Name)	Photo	
(Middle Name)	(Surname)		(First Name)	Filoto	
Qualification:					
Residential Address :					
Contact Numbers:	Mol	oile:			
Email ID:	Membership No:				
I am enclosing herewith Demand Draft No on Bank in favour of ' Medicine OR NEFT Details of MOGS: Name as per Bank Account: The Mumbai O Bank Account No: 24480100012858 Bank Name: BANK OF BARODA Bank Branch: JACOB CIRCLE BRANCH, M RTGS/NEFT/IFSC Code: BARB0JACOBC Thanking you, Signature of Candidate	' <u>MOGS</u> " towards the train bstetric & Gynecological	ning fees o			
January - March	0		April – June	0	
July - September	Ö		October - December	Ŏ	
Training Period : From	to				
Signature of Trainer					

Disclaimer: The training courses are meant to be comprehensive refresher training for already qualified candidates. The information provided during training is not intended to substitute for formal medical training or certification. MOGS 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. MOGS cannot take responsibility for the services provided by the trainees / trainers. MOGS is a registered trademark and logo should be used only as per the guidelines.