

Application Form for MOGS Certification Course in Critical Care in Obstetrics

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

Recognised Centres :

Name of the centre Incharge	Dr.Ashutosh Ajgaonkar
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Training Fees: Rs. 50,000/- + 18% GST by DD / local cheque / online transfer
Period: 3 months

Training

Name of the Candidate: _____
(Middle Name) (Surname) (First Name)



Qualification : _____

Mailing Address : _____

Contact Numbers : _____ **Mobile:** _____

Email ID : _____ **Membership**
No: _____

I am enclosing herewith Demand Draft No. _____ dated _____ for **Rs.50,000/-** +18% GST drawn on _____ Bank in favour of "**MOGS**" towards the "**Training Fees of Certification Course in Critical Care in Obstetrics**".

OR

NEFT Details of MOGS:

Name as per Bank Account: The Mumbai Obstetric & Gynecological Society
Bank Account No: 24480100012858
Bank Name: BANK OF BARODA
Bank Branch: JACOB CIRCLE BRANCH, Mumbai 400 011
RTGS/NEFT/IFSC Code: BARB0JACOBC

Thanking you,

Signature of Candidate

January - March <input type="radio"/>	April - June <input type="radio"/>
July - September <input type="radio"/>	October - December <input type="radio"/>

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.*