



# THE MUMBAI OBSTETRIC & GYNAECOLOGICAL SOCIETY

MOGS Office | Founded 1934

C-114, 1<sup>st</sup> floor, D Wing Entrance, Trade World, Kamala City,  
Senapati Bapat Marg, Lower Parel(W), Mumbai 400 013.

## Application form for MOGS Certification Course in Vaginal Surgery

|                   |                                                                                                            |
|-------------------|------------------------------------------------------------------------------------------------------------|
| <b>Criteria :</b> | 1) Candidate should be MOGS / FOGSI Member.<br>2) Qualification : MBBS + MD / MS / DGO / DNB in Obst & Gyn |
|-------------------|------------------------------------------------------------------------------------------------------------|

|                                      |                                            |
|--------------------------------------|--------------------------------------------|
| <b>Name of the Recognised Centre</b> | <b>Dr. Nitin Pai Dhungat</b>               |
| <b>Training Fees</b>                 | <b>Rs.59,000/- (Rs.50,000/- + 18% GST)</b> |
| <b>Training Period</b>               | <b>3 months</b>                            |

### APPLICANT DETAILS

|                               |                                                |
|-------------------------------|------------------------------------------------|
| Surname :                     | <b>Recent<br/>Passport Size<br/>Photograph</b> |
| First Name:                   |                                                |
| Middle Name :                 |                                                |
| Maiden Name (if applicable) : |                                                |
| Membership No.:               |                                                |

### Correspondence Details:

Email ID : \_\_\_\_\_

Present Postal Address : \_\_\_\_\_

### Contact Numbers:

|                 |                  |                 |
|-----------------|------------------|-----------------|
| <i>WhatsApp</i> | <i>Residence</i> | <i>Hospital</i> |
|                 |                  |                 |

### PROFESSIONAL QUALIFICATIONS

(Please attach self-attested photocopies of all Degree/Diploma certificates.)

|                         |                   |                        |
|-------------------------|-------------------|------------------------|
| <i>Degree / Diploma</i> | <i>University</i> | <i>Year of Passing</i> |
|                         |                   |                        |
|                         |                   |                        |
|                         |                   |                        |

### MEDICAL COUNCIL REGISTRATION

(Please attach a self-attested copy of your Medical Council Registration Certificate.)

|                            |                        |             |
|----------------------------|------------------------|-------------|
| <i>Registration Number</i> | <i>Council / Place</i> | <i>Date</i> |
|                            |                        |             |
|                            |                        |             |

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**Payment Details:**

I have enclosed the prescribed membership fee paid by Cash / Cheque / UPI.

Cheque / UTR No.: \_\_\_\_\_ Amount (₹): \_\_\_\_\_ Date of Payment: \_\_\_\_\_

I shall be grateful if my application is processed at the earliest.

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**Signature of Applicant**

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**FOR CENTRE USE ONLY**

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

**Training Period (3 months) :** From \_\_\_\_\_ to \_\_\_\_\_

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**Signature of Trainer**  
**Stamp of the Center**

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**FOR MOGS OFFICE USE ONLY**

**Application received on** \_\_\_\_\_

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*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.*

**Details for Payment : Rs.59,000/- (Rs.50,000/- Fees + Rs.9,000/- GST)**

**QR Code**



**For NEFT Banking**

**Name as per Bank Account:** The Mumbai Obstetric & Gynaecological Society

**Bank Account No:** 24480100035415

**Bank Name:** BANK OF BARODA

**Bank Branch:** JACOB CIRCLE BRANCH, Mumbai 400 011

**RTGS/NEFT/IFSC Code:** BARB0JACOBC