

**Application Form for Recognition of Centre for MOGS Certification Course
on Fetal Medicine**

Name of the Center	
Address	
Telephone Number	
Fax Number	
Email ID	
Web Page if any	
Centre in Charge	
Qualificaiton	
PCPNDT Registration NO and year	
Member of MOGS / FOGSI	
Infrastructure	1. Number of Beds
	2. Number of free / subsidized beds
	3. Number of indoor admissions per month
	4. Number of outdoor patients per day
Facilities	1. High Risk Pregnancy
	- Number of patients
	- Special clinic - Yes / No
	- Details if yes
	- Name of coordinator
	- Qualification
	2. Reproductive Endocrinology
	- Number of patients
	- Special clinic
	- Details if yes
	- Name of coordinator
	- Qualification
	3. Neonatology
	- Number of patients
	- Name of coordinator
	- Qualification
4. Ultrasonography	
- Number of patients	
- Name of coordinator	

	- Qualification
Antenatal Screening Facility	- Biochemical
	- Ultrasound
	- Cardiotocography
	- Endocrine Screening
Labour Room Facility	- Number of Labour Beds
	- Electronic Foetal Monitoring
	- Labour Analgesia
	- Neonatal Resuscitation
Neonatology	- Baby Warmers
	- Phototherapy Unit
	- Neonatal Screening
	- Vaccination
Statistics (Previous one year)	1. Number of Deliveries – Total / Normal / Assisted / LSCS / Others
	- Number of High Risk Labours.
	- Number of Spontaneous / Induced Labours.
	- Number of Postpartum Haemorrhage.
	2. Number of Antenatal Admissions -
	- Pregnancy Induced Hypertension.
	- Gestational Diabetes.
	- Anaemia.
	- Heart Disease.
	- Rh Disease.
	- IUGR
	- APH
	- Infections
	- Multifoetal Pregnancy
	- Preterm Labour
	- Abortions
	- BOH
	- Others
	3. Ultrasound
	- Number of Scans
	- First TM
	- Second TM
	- Third TM
	- Anomaly Scans
	- Number of Anomalies Diagnosed
	- Doppler
	- Interventional Procedures
	4. Neonatology
	- Number of New Born Babies
	- Birth Asphyxia
	- Growth Restricted Babies
	- Prematurity

	- Congenital Anomalies
	- Neonatal Jaundice
	- Meconium Aspiration
	- NICU Admissions
	5. Training Material
	- Video / CDs
	- Models
	- USG Plates
In House Accommodations	Yes / No
Hands on Training	Yes / No
Conference / Clinic Room	Yes / No
Internet Access Number of Patients, Details, Name of coordinator, Qualification	Yes / No
Inspected by	1) MOGS President Signature
	2) MOGS Secretary Signature
Date	
Remarks	
Criteria:	
<ul style="list-style-type: none"> • Should be member of MOGS / FOGSI. • A DD of Rs. 15,000/- in favour of MOGS. 	

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