

Indian Fertility Society



Application Form 4th Embryology Preparatory Certification Course for ESHRE Exam, 5th – 8th December, New Delhi.

CANDIDATE DETAILS

| | | | | |
|--------|-----|-----|------|-----|
| Title: | Dr. | Mr. | Mrs. | Ms. |
|--------|-----|-----|------|-----|

| | | |
|---------|------|--------|
| Gender: | Male | Female |
|---------|------|--------|

| | |
|-------------------------------------|--------|
| Name: | |
| Institution / Hospital Name: | |
| Postal Address: | |
| City: | State: |
| Country: | PIN: |
| Phone (STD/ISD) Code: | |
| Email: | |
| Mobile: | |
| Qualification: | |
| Experience in Embryology Lab: | |
| IFS membership No. | |
| MCI registration no.(If applicable) | |

Registration Fees: 10,000 INR

PAYMENT DETAILS

| | |
|--------------------|----------|
| Cheque/ DD No. : | Dated: |
| Bank: | Branch: |
| Amount (in words): | Amount : |

* Please make DD in favour of "Indian fertility society" payable at New Delhi.

1. Application along with DD to be sent

Dr K D Nayar
Secretary General,

IFS Secretariat,

Akanksha IVF Centre, A-3/7, Janak Puri, New Delhi- 110058

E mail: indianfertilitysocietydelhi@gmail.com, Contact No.: 9899308083.

2. Copy of application to

Dr. Kuldeep Jain, KJIVF 23-24, Gagan Vihar, Main Road (Near Karkardooma Flyover), Delhi – 110051, Contact: 9810018951, 91-11-22503927, 65253282

Requirements

To apply for the Clinical Embryologist certification, applicants must:

- Be an IFS member, for more information on IFS membership you can log on to www.indianfertilitysociety.org
- Holds B.Sc / M.Sc / M.B.B.S / M.D (Obst. & Gyane.)
- Have at least three years' hands-on experience in a clinical ART lab
- Submit a log book (please see logbook requirements)
- Pass an MCQ exam to achieve IFS Embryology Certification.

Log Book of practical experience

When filling out the application form you also have to show that you have performed a minimum number of treatments during your years in the laboratory

Minimum number of cases for application as Embryologist:

Method

| | |
|-------------------------------------|----|
| Oocyte pick up | 50 |
| Semen analysis | 50 |
| Semen preparation | 50 |
| IVF Insemination | 50 |
| ICSI | 50 |
| Zygote and embryo evaluation | 50 |
| Embryo Transfers | 50 |
| Cryopreservation of oocytes/embryos | 50 |
| Thawing/warming of oocytes/embryos | 50 |

Please note that **ALL** methods need to be included in your logbook.

Example of how to fill in the logbook

If the procedure is still ongoing, don't fill out a date but please write "still ongoing" **on your printed logbook.**

| Type of Procedure | No. of cycles in clinic < 12 months | No. of own cycles in clinic < 12 months | No. of own cycles in clinic in total | Start date | Stop date | Signature applicant | Signature supervisor |
|-------------------|-------------------------------------|---|--------------------------------------|--------------|---------------|---------------------|----------------------|
| Oocyte pick up | 350 | 59 | 536 | January 1998 | Still ongoing | | |
| Cryopreservation | 0 | 0 | 400 | May 1996 | December 2005 | | |
| ICSI | 63 | 50 | 220 | August 2004 | Still ongoing | | |

Please note that you do not have to fill every single case, but only the total number of cycles/cases of each method that you have performed during the period.

- **Candidates appearing for IFS certification must submit the log book along with completely filled registration form by 15th November 2016 at the IFS Secretariat.**