

JABALPUR OBSTETRICS & GYNAECOLOGICAL SOCIETY

(Affiliated to Federation of Obstetric & Gynecological Societies of India)

COMMON MEMBERSHIP FORM

FOR MEMBERSHIP OF OBSTETRIC & GYNAECOLOGICAL SOCIETY

Reg. No.: 04/14/01/13425/11

To,

The Secretary,

Name of the Society _____

Place of the Society _____

Photograph

Dear Madam/Sir,

I desire to join the _____ Obst. & Gyn. Society as an Annual Member /Associate Member. Please consider this as my application for the same. I shall abide by the Rules and Regulations of the Society. My application is accompanied by the Annual / Associate Membership fee paid by D.D. / Cash / Cheque / e-payment : Bank _____ Branch _____ Chq./DD No. _____ Dated ____/____/____ for Rs. (In words) _____

Please arrange to have my application processed at the Managing Committee and oblige.

At present, I am not a member of any of the member bodies (Society of Obstetrics & Gynecology) of FOGSI/ I am resigning as member of _____ Society to joins Society.

Signature of Applicant

Details of the Applicant

Surname _____ First Name _____ Husband's/Father's _____ Sex _____

Date of birth ____/____/____. Address of communication _____

City _____ State _____ Pin _____ Telephone Nos. with STD codes Residence _____

Hospital _____ Mobile _____ Email _____

Xerox copy of Degree / Diploma certificate with name of the University & Date of passing: -

- 1.
 - 2.
- Medical Council Reg No. Date and Phones : _____ (attach attested Xerox copy)

Professional Attachments	Designation
1.	
2.	
Special Interest	

Remarks of Scrutinizing Elected as Annual Member /Associate Member w.e.f. _____
Application Rejected.

Type of Membership : [A] : Full Member with voting Rights / [B] : Associate Member with no voting Rights :

PRESIDENT

SECRETARY

Treasurer