

MEMBERSHIP APPLICATION FORM

THE NAGPUR OBSTETRIC & GYNAECOLOGICAL SOCIETY, NAGPUR
Office: IMA Building, 1st Floor, North Ambazari Road, Nagpur-440010, Tel-0172-2537326
[Reg.no.F-402(N)]



Membership Proposed by _____ Date. _____

To,
The President/Hon. Secretary
Nagpur Obstetric & Gynaecological Society

Dear Sir/Madam,

I hereby apply to be enrolled as an Annual/Life member of Nagpur Obst. & Gyn., Society if Enrolled I agree to abide by the Rules & Regulation of the Society.

Details to be filled by the application :(Surname) (First Name) (Husband/Father's Name)

1. Full Name (In block letter): _____

2. Address: _____

Mobile no. _____ Whatsapp no. _____ Clinic _____

3. Date of Birth _____ Marital Status: Single / Married _____

4. Qualification: M.B.B.S. _____ Year of Passing _____

Registration No. with date _____

University _____

Name of Medical Council _____

Post Graduation _____ Year of Passing _____

University _____

Is this university Recognized by MMC/MCI _____

5. Whether in Service/ Private practice _____

6. Experience _____

7. Publications _____

8. Extracurricular _____

Certified that to best of my knowledge the above information given me is correct

NOGS receipt No. _____

Email Id: _____

Yours Faithfully,

Signature of the Application

(P.T.O.)

Require 2(two) Copies of Following, Self Attested.

1. All Degree Document.
2. M.M.C./ M.C.I. Regn. Certificate with Regn. No.
3. Two Passport size Photographs.
4. Proof for Changed Name.
5. Address Proof.
6. Mobile Number & Email ID Must.
7. Life Membership Fee Rs. 19,650/- (Including all)
8. Annual Membership Fee Rs.2000/-+ 360/-(GST 18%)=Rs.2,360/-
9. Cheque in Favor of “Nagpur Obstetric & Gynecological Society ”
10. Make online payment of Rs.740/- in favor of “FOGSI, Mumbai”
11. Every Life Member will pay next year FOGSI fees Rs.740/-