

Application form for FOGSI Dr. Kamini A. Rao Orator

- 1) **Name of the Candidate :**

- 2) **Date of Birth :**

- 3) **Complete postal address with pincode :**

- 4) **Name of the Obstetric and Gynaecological Society :**

- 5) **Academic Achievements :**

- 6) **Contribution to Local Society :**