

PROFORMA

NAME

QUALIFICATIONS

PROFESSIONAL ATTACHMENTS

DATE OF BIRTH (PROOF REQUIRED)

MOBILE NO.

CONTACT NO.

E MAIL I D

MAILING ADDRESS

LIFE MEMBER / ORDINARY (SPECIFY DATE OF JOINING)

PHOTOGRAPH – (Need to give specifications for the same)

MMC REGISTRATION NO.

AREA OF SPECIAL INTEREST

PROFESSIONAL ACHIEVEMENTS :

- 1. YEARS OF TEACHING EXPERIENCE**
- 2. LIST OF FREE PAPER COMMUNICATION PRESENTED**
- 3. LIST OF PUBLICATIONS WITH DETAILS**
- 4. PRIZES WON FOR FREE COMMUNICATION / SCHOLARSHIP**

CONTRIBUTION TO MOGS IN VARIOUS ACTIVITIES/ CAPACITIES

HOW WILL YOU CONTRIBUTE TO MOGS IF YOU ARE SELECTED AS YOUTH

COUNCIL MEMBER ? Pl tick the options given below

- Conference organisation.**
- Outreach programme organisations**

- **Updating the list of mogs members**
- **Post graduate teaching programme**
- **Social responsibility like taking lecture to increase public awareness in the sub like pco etc.**
- **Taking a medical camps or helping in medical camps**

Note : submit before – 5th May, 2021

Dr. Sarita Bhalerao
President

Suvarna Khadilkar
Secretary

Dr. Shailesh Kore
Treasurer