



The Mumbai Obstetric & Gynecological Society

C-14, 1st Floor, Trade World, D-wing Entrance, S. B. Marg, Kamala City, Lower Parel (W), Mumbai 400013.
Tel. 022-24955324 • 32961841 • e-mail: mogs2012@gmail.com • website: mogsonline.org

Date:.....

To
The General Secretary,
The Mumbai Obstetric & Gynecological Society
Mumbai

Dear Sir / Madam,

I desire to join the MOGS as a Patron/Life/ Ordinary/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 Patron/ Life / Annual Membership fee paid by Cash / Cheque/ E-payment on _____ Bank, _____ Branch, dated _____ for Rs. _____.

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

Signature of Applicant

Details of Applicant

Surname:		First Name:		Initials:		Recent Photograph
Maiden Name:						
Permanent Address						
Res. Tel. No.			Hospital/Office. Tel. No.			
Mobile No.						
e-mail id.:				Date of Birth:		

Qualifications: (Xerox copies of Degrees and Diplomas with University & dates of passing)

1.
2.
3.

Medical Council Reg. No., Date and Place: (attach copy)

Professional Attachments:	Designation
1.	
2.	
3.	

Special Interests:
1.
2.

Proposer's Name:Signature:

Seconder's Name:Signature:

Remarks of Scrutinizing Committee: Elected as Patron / Life Member / Ordinary Member/ Associate Member w.e.f. _____ / Application Rejected:

Type of Membership: Full Member with voting Rights / Associate Member with no voting rights.