THE MUMBAI OBSTETRIC & GYNECOLOGICAL SOCIETY

DR. SHAILESH KORE
President

DR. SUJATA DALVI
Secretary

DR. PARIKSHIT TANK
Treasurer

MOGS MASTERCLASS ON

Female Urinary Incontinence

"Beyond the Leak: FUI revisited"

Sunday, September 6, 2026 (9.00am-5.30pm)
Auditorium, 6th Floor, CAMA & Albess Hospital, Mumbai

Chief Guest
Dr. Jitendra Deshmukh
DEAN - GMC, Mumbai

Guest of Honour
Dr. Tushar Palve
Vice DEAN - GMC, Mumbai

Dr. Aparna Hegde

Dr. Karishma Thariani

Dr. Sarita Naik

Masterclass Experts

Dr. Aparna Hegde

Dr. Sunil Tambvekar

Dr. Shikha Mehta

Conveners

Registration Fees : **MOGS Members: (Included in one time registration)**
Till 1st September Rs 1000 | 2nd September onwards Rs 1500 only.
: **Post Graduate Students:**
Till 1st September Rs 500/ 2nd September onwards Rs 750 Only.
(Letter from HOD required)

NEFT Details of "MOGS"

Account Name	: The Mumbai Obstetric & Gynaecological Society
Bank Name	: Bank of Baroda
Branch	: Jacob Circle, Mahalaxmi, Mumbai, 400 011
Account No.	: 24480100035415
MICR Code	: 400012092
RTGS/NEFT/IFSC Code	: BARB0JACOBC

SCAN & PAY

The Mumbai Obstetric & Gynecological Society

Invites

MOGS

MASTERCLASS ON

FEMALE URINARY INCONTINENCE

Date: Sunday
06th September, 2026.

Venue: Auditorium, 6th Floor,
Cama & Albless Hospital, Fort, Mumbai.

- Please select the appropriate category by ticking (✓) on the below mention check box
- **Registration** (ALL rates are inclusive of GST)

Registration Fees	Members / Non-Members (Till 07th September, 2026)	PG Students (Till 01st Septamber, 2026)	Members / Non-Members (After 01st September, 2026)	PG Students (After 01st September, 2026)
	☐	☐	☐	☐
	Rs. 1,000/-	Rs.500/-	Rs. 1,500 /-	Rs. 750 /-

Mode of Payment:

By at par Cheque | By NEFT | By UPI

NEFT Details:

- Name as per Bank Account: **The Mumbai Obstetric & Gynecological Society**
- Bank Account No: **24480100035415**
- Bank Name: **BANK OF BARODA**
- Bank Branch: Jacob Circle Branch, Sat Rasta, Mumbai.
- IFSC Code: **BARB0JACOBC**

Scan for UPI Payment

REGISTRATION FORM

Medical Council No.: _____

Full Name : _____

Address : _____

_____

City : _____ Pincode : _____ State : _____

Email : _____ Mobile : _____

- Transaction No.: _____ dated _____
- For any queries or assistance, please contact MOGS on **9022361841** OR Email – **mogs2012@gmail.com**