The Mumbai Obstetric & Gynaecological Society
C-114, 1st Floor, D-Wing Entrance, Trade World,
Kamala City Senapati Bapat Marg, Lower Parel West, Mumbai 400013.
* Tel : 90223 61841 / 3511 4384 / 3511 4385
* Email : mogs2012@gmail.com * Webiste : mogsonline.org

MEMBERSHIP APPLICATION FORM

Date : _____

To,
The Secretary
The Mumbai Obstetric & Gynaecological Society (MOGS)
Mumbai

Dear Sir / Madam,

I wish to apply for admission as a Patron / Life / Ordinary / Associate Member of The Mumbai Obstetric & Gynaecological Society (MOGS).

I hereby agree to abide by the Rules and Regulations of the Society. I request you to kindly consider my application at the next Managing Council Meeting.

Payment Details:
I have enclosed the prescribed membership fee paid by Cash / Cheque / UPI.
Cheque / UTR No.: _____ Amount (₹): _____ Date of Payment: _____

I shall be grateful if my application is processed at the earliest.

_____
Signature of Applicant

APPLICANT DETAILS

Surname :	*Recent Passport Size Photograph*
First Name:	
Middle Name :	
Gender :	
Date of Birth (DD/MM/YY) :	

Correspondence Details:
Email ID : _____

Present Postal Address : _____

_____

Contact Numbers:

WhatsApp	*Residence*	*Hospital*

PROFESSIONAL QUALIFICATIONS

(Please attach self-attested photocopies of all Degree/Diploma certificates.)

Degree / Diploma	*University*	*Year of Passing*

MEDICAL COUNCIL REGISTRATION

(Please attach a self-attested copy of your Medical Council Registration Certificate.)

Registration Number	*Council / Place*	*Date*

PROFESSIONAL ATTACHMENTS

Hospital / Institution / Clinic	*Designation*

SPECIAL INTERESTS

Proposer	**Seconder**
Name :	*Name :*
Signature :	*Signature :*

FOR OFFICE USE ONLY

Remarks of the Scrutinizing Committee

Application Status

☐ Elected as Patron / Life / Ordinary / Associate Member.
Membership Effective From : _____
OR
☐ Application Rejected

Membership Category

☐ Full Member (Voting Rights)
☐ Associate Member (No Voting Rights)

_____ _____

President, MOGS **Secretary, MOGS**

Payment Mode:

For Ordinary :

QR Code	For NEFT Banking
	**Name as per Bank Account:** The Mumbai Obstetric & Gynaecological Society **Bank Account No:** 24480100035415 **Bank Name:** BANK OF BARODA **Bank Branch:** JACOB CIRCLE BRANCH, Mumbai 400 011 **RTGS/NEFT/IFSC Code:** BARB0JACOBC

For Life Membership :

QR Code	For NEFT Banking
	**Name as per Bank Account:** The Mumbai Obstetric & Gynaecological Society **Bank Account No:** 24480100012857 **Bank Name:** BANK OF BARODA **Bank Branch:** JACOB CIRCLE BRANCH, Mumbai 400 011 **RTGS/NEFT/IFSC Code:** BARB0JACOBC