



Registration Form



**OGSSI Postgraduate Revision Course**  
**26<sup>th</sup> to 30<sup>th</sup> June 2018 (Tuesday to Saturday)**  
**OGSSI Auditorium**  
(Fill up Legibly please)

Name	Dr.
Course	MD(OG) /MS(OG) / DNB(OG) /DGO
Year of Study	First / Second / Third
Name of Institution	
Medical Council Registration Number	
Mobile Number	
Mail ID	
Interested in participating in "Quiz On Contraception"	Yes / No
If Yes Details of Quiz Partner	Name : Mobile Number:

Registration Details

**Rs 5000 (Five thousands only )for PGs who are OGSSI Members**  
**Rs 5500 (Five thousands & Five hundreds only )for PGs who are not OGSSI Members**  
To be paid as DD/Cheque only (In favour of 'OGSSI',payable at Chennai  
(Letter from HOD a must )

Name of the Bank	
DD Number	
Date of Issue	
Amount Paid	

Spot Registration as Cash or Cheque

**Rs 5500 (Five thousands & Five hundreds only ) for PGs who are OGSSI Members**  
**Rs 6000 (Six thousands only ) for PGs who are not OGSSI Members**

For Correspondence

**Secretary, OGSSI Office**  
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