



Registration Form

OGSSI Postgraduate Revision Course 01.12.2021- 05.12.2021 (Wednesday to Sunday)

Name	Dr.	
Course	MD(OG) /MS(OG) / DNB(OG) /DGO	
Year of Study	First / Second / Third	
Name of Institution		
Medical Council Registration Number		
OGSSI MEMBER (FOGSI ID NO)		
Mobile Number		
* EMAIL ID - Mandatory		
	Registration Fee Details	
	OGSSI / FOGSI PGs	NON member PGs
WITHOUT TNMC CREDIT	Rs.1000	Rs.1500
WITH TNMC CREDIT	Rs.1200	Rs.1700
Name of the Bank		
DD /Cheque Number/ Transaction id		
Date of Issue / Transfer		
Amount Paid		

BANK DETAILS

To be paid as DD/ Crossed Cheque / NEFT - In Favour of "OGSSI CONFERENCE"

Payable at Chennai

Bank: State Bank of India **Branch**: Egmore **Account no**: 39146063818 **IFS Code**: **SBIN0001516**

<u>For Correspondence</u> Secretary, OGSSI Office

#11 ,Police Commissioner's Office Road (IOG Campus) Egmore , Chennai 600~008

Mobile: 9500078221 EMail: ogssi@yahoo.com

(EMAIL ID MANDATORY)