



## OGSSI -Membership Form

Please fill in Block letters

Recent Passport  
Size Photo

1.	Name			
2.	Date of Birth			
3.	Institute / Hospital			
4.	Tamilnadu Regn Number			
5.	Qualification(s) (Tick appropriate ones)	MD(OG) / DGO / MS(OG) / DNB (OG) / FICOG / DICOG / MRCOG / FRCOG / FRCS / AB (OG) / MBBS / Others		
6.	Address for Communication			
7.	Mobile Number			
8.	Land line			
9.	E mail ID			
10.	Cheque /DD	Amount		
		Bank		
		Date		
		Number		
11.	Subscription Paid for (Tick the appropriate one)	Life member(Old) Annual FOGSI Subscription	Rs 750	
		Life member(Old)10 year FOGSI Subscription	Rs 8850	
		PG 3 Year Membership with FOGSI Subscription	Rs 8850	
		Life member(New )10 year FOGSI Subscription	Rs 25960	
		Annual membership with 1year FOGSI Subscription	Rs 3540	

### Terms & Conditions

- I agree to abide by the rules of the society.
- I understand that ,when the amount paid towards FOGSI subscription is exhausted(paid as per prevailing rates)
- I will have to replenish the amount.
- I will uphold the name of OGSSI & will not do anything detrimental to the society.
- I will not use society for personal gain or publicity.
- **Disclaimer:** I understand that the society will not be held responsible for any of the activities of its members outside of OGSSI .

### Enclosures

Consultants(Non PG Members)	PG Members
2 Passport size Photographs	2 Passport size Photographs
2 Xerox Copies of PG Qualification Certificate	2 Xerox Copies of MBBS Certificate
DD /Cheque drawn in favour of OGSSI payable at Chennai	2 Xerox Copies of ID Card
	DD /Cheque drawn in favour of OGSSI payable at Chennai

Signature .....Date.....

### OGSSI Office

**Obstetric & Gynaecological Society of Southern India**

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Egmore , Chennai 600 008

**Mobile:** 9500006221 **E Mail:** ogssi@yahoo.com **Website:** www.ogssi.org