



OGSSI –Membership Form

Recent
Passport Size
Photograph*

Please fill in Block letters

1.	Name	
2.	Date of birth	
3.	Institution/Hospital	
4.	Tamilnadu Regn No	
5.	Postgraduate Qualification*	
6.	Address for communication	
7.	Mobile number	
8.	Landline	
9.	Email Address	
10.	Cheque/DD*	Amount : Bank : Date : Number :
11.	Subscription paid for(Circle the appropriate one)	
	Life member(old)Annual FOGSI Subscription	-Rs 750
	Life member(old)10 year FOGSI Subscription	-Rs 6000
	PG 3 Year Membership with FOGSI Subscription	-Rs 7500
	Life Membership(New) with 10 YEAR FOGSI Subscription	-Rs 22000
	Annual Membership with 1 year FOGSI Subscription	-Rs 3000

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 the 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

<u>Enclosures:</u> <u>Non PG members</u> 2 passport size photographs 2 xerox copies of Postgraduate qualification certificate DD/Cheque Drawn in favour of OGSSI payable at Chennai	<u>Enclosures:</u> <u>For PG members</u> 2 passport size photographs 2 xerox copies of MBBS certificate 2 xerox copies of ID card DD/Cheque Drawn in favour of OGSSI payable at Chennai
--	---

Signature with date

Contact Address

The Obstetric and Gynaecological Society of Southern India I.O.G. Campus

No.11 Police Commissioners Office Road, Egmore, Chennai-600008.

Secretary : 9500006221

Email ID : ogssi@yahoo.com | Website : www.ogssi.org