



*"Be Proud to be an OGSSian"*

## OGSSI Membership Form

Attach a pass  
port size photo

Please fill in legibly

1.	Name		Date of Birth	
2.	Institute / Hospital			
3.	Tamilnadu Medical Council Registration Number			
4.	Qualification(s) (Tick appropriate ones)	MD(OG) / DGO / MS(OG) / DNB (OG) / FICOG / DICOG / MRCOG / FRCOG / FRCS / AB (OG) / MBBS / Others		
5.	Address for Communication			
6.	Mobile Number/s			
7.	E mail ID			
8.	Cheque /DD	Amount	NEFT Details Of OGSSI	The Obstetric and Gynaecological Society of Southern India
		Bank		State Bank of India , Egmore Branch
		Date		A/C No : 35075648354
		Number		IFS Code: SBIN0001516
9.	Subscription Paid for (Tick the appropriate one)	A	Life member(Old) Annual FOGSI Subscription	Rs 750
		B	Life member(Old)10 year FOGSI Subscription	Rs 8850
		C	PG 3 Year Membership with FOGSI Subscription	Rs 8850
		D	Life member(New ) with 10 year FOGSI Subscription	Rs 25960
		E	Consultant 3 year membership with FOGSI Subscription (Only members who are non-natives of Chennai but temporarily posted in Chennai are eligible for "E") (Applicable only once)	Rs 8850
10.	<b>Terms &amp;Conditions</b> <ul style="list-style-type: none"><li>I agree to abide by the rules of the society.</li><li>I understand that ,when the amount paid towards FOGSI subscription is exhausted (paid as per prevailing rates) I will have to replenish the amount.</li><li>I will uphold the name of OGSSI &amp; will not do anything detrimental to the society.</li><li>I will not use society for personal gain or publicity.</li></ul> <p><b>Disclaimer:</b> I understand that the society will not be held responsible for any of the activities of its members outside of OGSSI .</p>			
11.	<b>Enclosures</b>			
	<b>Consultants(Non PG Members)</b>		<b>PG Members</b>	
	1) Passport size Photographs-2		1) Passport size Photographs-2	
	2) Xerox Copies of PG Qualification Certificate-2		2) Xerox Copies of MBBS Certificate-2	
	3)Xerox copies of Medical Registration Certificate-2		3) Xerox copies of Medical Registration Certificate-2	
4) DD /Cheque drawn in favour of OGSSI payable at Chennai		4) Xerox Copies of ID Card or Bonafide certificate from head of the ObGyn Department -2		
		5)DD /Cheque drawn in favour of OGSSI payable at Chennai		
12.	Signature:		Date:	

**OGSSI Office**

**Obstetric & Gynaecological Society of Southern India**

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