



MANGALORE OBSTETRICS AND GYNAECOLOGICAL SOCIETY

Mangalore

(Affiliated to The Federation of Mangalore Obstetrics And Gynaecological Societies of India)

MEMBERSHIP FORM

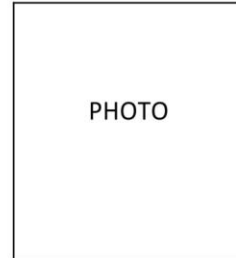
NAME: _____

DATE OF BIRTH: _____

GENDER: MALE/FEMALE

MEDICAL COUNCIL REG. NO.: _____

STATE OF REG.: _____



QUALIFICATIONS:

DIPLOMA/DEGREE	YEAR OF PASSING	INSTITUTION/UNIVERSITY
M.B.B.S..		
D.G.O..		
M.D..		
M.S..		

PERMANENT ADDRESS: _____

ADDRESS OF COMMUNICATION: _____

PHONE NO.: _____ ALTERNATE NOS.: _____

EMAIL ID: _____

MEMBERSHIP OF OTHER ASSOCIATIONS: _____

I, Dr. _____ while accepting the membership of Mangalore Obstetrics And Gynaecological Society, Mangalore, agree to abide by the rules and regulations of the society framed from time to time.

SIGNATURE

Type of Membership:

Ordinary (Annual) Membership Fee: Rs. 2,950/- (Fee: 2,500/- + GST18%: 450/-)

Life Membership Fee: Rs. 17,700/- (Fee: 15,000/- + GST18%: 2,700/-)

Membership Renewal Fee: Rs. 2,360/- (Fee: 2,000/- + GST18%: 360/-)

Note: Payment can be made by Cash, Cheque or NEFT.

Cheque Payment in favour of "MANGALORE OBSTETRICS AND GYNAECOLOGICAL SOCIETY"

Bank A/C Details:

A/C NAME: MANGALORE OBSTETRICS AND GYNAECOLOGICAL SOCIETY

BANK NAME: CANARA BANK,

BRANCH: HAMPANKATTA (MAIN) MANGALORE-575001

A/C NO.: 01002010007624

IFSC: CNRB0010100

FOR OFFICE USE

RECOMMENDED BY: _____

SIGNATURE: _____

DATE OF ADDMISSION: _____

MEMBERSHIP NO.: _____ FOGSI NO.: _____