



The Federation of Obstetric & Gynaecological Societies of India

Model Residency Co-Op.Housing Society, 605,Baburao Jatap Marg, Jacob Circle,
Mahalaxmi East, Mumbai 400 011. Maharashtra

* Tel : (022) 23021648 / 23021654 / 23021343 * Fax : (022) 23021383

* Email : fogsischemes@gmail.com * Website : www.fogsi.org

Membership Form FOGSI – Social Security Scheme

Personal Details :-

Name : _____

Age : _____ Date of Birth : _____ Sex : _____

Address: _____

City : _____ Pincode : _____ State : _____

Contact Numbers : _____ Email : _____

Name of the Parent Society : _____

Life Member : Yes / No Duration of Membership : _____ years

Nomination Details :-

Name of the Nominee : _____ Relationship : _____
(Full name)

Alternate Nominee : _____ Relationship : _____
(Full name)

Membership Contribution :-

Admission Fees(As recommended): Rs. _____ (Please attached age proof).

Membership Fee : Rs.100/-

Advance Fraternity Contribution : Rs.1,500/-

Total Amount Paid : Rs. _____ by Cheque / Demand Draft No. _____

dated _____ Bank : _____

Signature of Applicant

To be filled by the Member Society (Certificate by the Member Society)

This is to Certify that Dr. _____ is a continuous active
Member of the Society for the last _____ years.

Seal of the
Society

Signature of the President / Secretary

For Office Use Only

FOGSI Membership No. : _____

Application No. _____

Receipt No. _____ dated _____

Office Superintendent

Treasurer