

INDIAN COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS

of

The Federation of Obstetric & Gynaecological Societies of India

Model Residency Co-op.Hsg.Society, 605, Bapurao Jagtap Marg, Jacob Circle, Mahalaxmi East,
Mumbai 400 011.

* Tel : 91 - 22 - 20321648, 23021654, 230213243

* Fax : 91 - 22 - 23021383



Passport
size
Photo

Application for Membership

I desire to be Member of the Indian College of Obstetricians & Gynaecologists. I hereby apply for the same. I am paying the Membership fee in advance. If duly elected, I shall abide by all the rules and regulations of the College. I hereby furnish my bio-data.

Date of Application _____ Date of Receipt _____
(By Office) Signature of Applicant

Name (in Capital) _____
(Surname) (First Name) (Middle Name)

Degrees & Diplomas	University / College / Institution	Year of Qualifying

Permanent Address _____
_____ Pin Code No. _____

Telephone Nos. _____
(Residence) (Office) (Mobile)

Email: _____

Medical Council Registration Number and date,
mentioning the name of the State Register _____

The name of the member affiliate Society : _____

Active member of the Society for : _____ years, date of joining _____

Years of practice in Obstetrics & Gynaecology _____

State / National / International Conferences Attended: (Use additional Sheet of paper, if required)

Year	Place	Which Congress

Papers presented as FIRST Author at State / National / International Congresses

(Use additional Sheet of paper, if required)

Year	Place	Title

P.T.O.

Papers Published in any recognised Journal/chapters in textbooks/articles in FOGSI Focus etc.
(Use additional Sheet of paper, if required)

Name of the Publication	Year	Volume No.	Page Nos.	Title of the Paper / Chapter / article

Proposed by : _____
(Surname) (First Name) (Middle Name)

Address : _____
Pin Code No. _____

Member of Society : _____ **Signature of the Proposer** _____

Seconded by : _____
(Surname) (First Name) (Middle Name)

Address : _____
Pin Code No. _____

Member of Society : _____ **Signature of the Proposer** _____

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 (Date of joining _____) and holds the qualification mentioned above.

Signature of the President

(Sea)

Signature of the Hon.Secretary

To be filled in by the College Office

Serial No. _____ Date when application & Payment received _____

Amount Rs. _____ by Cash / Cheque /Draft

Receipt No. _____ Date _____

Date when application is approved by the Governing Council _____

Remarks _____

Date and Place of the Convocation when Fellowship Conferred _____

President, FOGSI

Chairman, ICOG

Hon.Secretary, ICOG

The eligibility for the Membership is as follows : as of February 2008 (Kindly attach Certified copies for proof).

1. Holding of MD or equivalent qualification.
2. Membership of FOGSI.
3. 100 ICOG Credit Points in 3 years.
4. Attendance of 2 FOGSI sponsored Congresses.
5. Presentation of at least 2 papers as first author at 2 FOGSI / FIGO / AOFOG / National or State Level Conferences.
6. Membership Payment of Rs.7,500/- by Demand Draft payable at Mumbai in favour of "F.O.G.S.I."