



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

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MEMBERSHIP FORM

Membership Type : Life or Annual Year

Member's Name : _____
Surname First Name Middle Name

Date of Birth : _____

Medical Council : _____ Medical Council No : _____

Residence Address : _____

Clinic Address : _____

Phone No. : (R) _____ (H) _____ (M) _____

Email : _____

Qualification : _____

Blood Group : _____

MarriageDate : _____

Name of Spouse : _____

Spouse Birth Date : _____

Name of Children : (1) _____

Children Birth Date : _____

Name of Children : (2) _____

Children Birth Date : _____

Signature of Member : _____

Receipt No. _____ Date : _____

Amount : _____ Approval Date : _____

AOGS Membership No. _____

• Requirement for membership :

- 1.1 photo copy of registration number of Medical Council.
- 2.1 photo copy of DGO or M.D. Gyn.
- 3.1 photo copy of Date of Birth proof.
4. For Life membership cheque in favour of "AOGS CORPUS FUND".

Passport
Size
Photograph