



THE NASHIK OBSTETRIC AND GYNAECOLOGICAL SOCIETY

Application form for membership

First Name _____

Middle Name _____

Last Name _____

Gender M / F

Birth Date ___ / ___ / ___ (dd / mm / yyyy)

Address _____

Mobile No. _____

Landline No. _____

Email _____

MMC Reg.No. _____

Qualifications

	Qualification	Year of passing	College	University
UG				
PG				
Other				

I promise to abide by the rules and regulations of Nashik Obstetric and Gynaecological Society.

Proposed by _____

Signature _____

Seconded by _____

Date : _____

(FOR OFFICE USE ONLY)

Joining Date _____

Category _____

Payment by _____

Cheque No. _____

Bank Name _____

Branch Name _____

Transaction No _____

Transaction Date _____

Approved by Trustee-

Please note-

1. Please print the form and submit it to the NOGS trust office.
2. Kindly send 2 recent passport size photos along with the application
3. Diploma or postgraduate degree certificate
4. Medical council and additional registration certificate
5. Identity proof eg. Aadhar/Driving license
6. Cheque in favour of:

NASHIK OBSTETRICS AND GYNAECOLOGICAL SOCIETY

The application once received will be approved by the trustee body before granting the membership