



Obstetrics & Gynaecological Society Visakhapatnam

AMCOSA Building, Room # 105, Nowroji Road, Maharanieta. Visakhapatnam, Andhra Pradesh-530002

Handphone # 6305675709 • e-mail: presidentogsv@yahoo.com • website: www.ogsv.org

To,
The President / Secretary
Obstetrics & Gynaecological Society Visakhapatnam
Visakhapatnam

Date:

Dear Sir / Madam,

I desire to join the OGSV as an Ordinary Member. Please consider this as my application for the same. I shall abide by the Rules and Regulations of the Society. My application is accompanied by the Annual Membership fee paid by Cash / Cheque/ E-payment on _____ Bank, _____ Branch, dated _____ for Rs. _____

Details of Applicant			Signature of Applicant
Surname:	First Name:	Initials:	Recent Photograph
Maiden Name:			
Permanent Address			
Res. Tel. No.	Hospital/Office. Tel. No.		
Mobile No.			
e-mail id.:	Date of Birth:		

Qualifications: (Xerox copies of Degrees and Diplomas with University & dates of passing)

1.

2.

Medical Council Reg. No., Date and Place: (attach copy)

President OGSV

Secretary OGSV