Society of Obstetricians & Gynaecologists of Pakistan

**Membership Form**

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| **Complete Name** | | |  | | | | |
| **Basic Qualification** | | | **Institute** | |  | | **Year** |
| **Postgraduate Qualification**  **FRCOG, MRCOG, FCPS, MCPS, DGO**  **Any other** | | | **Institute** | |  | | **Year** |
| **Permanent Address** | | |  | | | | |
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| **Place of Work** | **Government** | | |  | | **Private** | |
| **PMDC No:**  **Please attach a Scand Copy of PMDC Certificate** | | | | | **CNIC No:**  **Please attach a Scand Copy of CNIC** | | |
| **Phone No:** | | | | | **Mobile No:** | | |
| **E-Mail Address:** | | | | | | | |
| **Field of Interest: Practicing Obs/Gynae Yes No** | | | | | | | |
| **Life Membership** | | **Rs. 10,000 (1st Year AOFOG, FIGO & SAFOG Fee is Included)** | | | | | |
| **I enclose a Bank Draft /Cross Cheque for PKR. as Membership fee on account payable to “Society of Obstetricians and Gynaecologists of Pakistan” (SOGP)**  **Every year Rs. 1000 to be paid for renewal of AOFOG, FIGO & SAFOG fee Non Payment of annual subscription will be dealt with as per rules.**  **Note: Kindly inform any change in postal address or phone number to office address given below at earliest**  **Dated: Signature:** | | | | | | | |
| **Kindly Send or Attach a Recent Passport Size Photograph for Membership Card** | | | | | | | |
| **SOGP Secretariat: Department of Obstetrics & Gynaecology Ward - 8**  **Jinnah Postgraduate Medical Centre, (JPMC) Rafiquae Shaheed Road Karachi Ph: 0092-21-99205040 E-mail:** [**sogpjpmc@hotmail.com,**](mailto:sogpjpmc@hotmail.com) **Website:** [**www.sogp.org**](http://www.sogp.org/) | | | | | | | |