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,** **Website:** [**www.sogp.org**](http://www.sogp.org/) |