



# Society of Obstetricians & Gynaecologists of Pakistan

## Membership Form

Complete Name			
Basic Qualification	Institute		Year
Postgraduate Qualification FRCOG, MRCOG, FCPS, MCPS, DGO Any other	Institute		Year
Permanent Address			
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 <input type="checkbox"/> No <input type="checkbox"/>	
Life Membership	Rs. 10,000 (1 <sup>st</sup> 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.			
<b>Note: Kindly inform any change in postal address or phone number to office address given below at earliest</b>			
Dated: _____		Signature: _____	
<b>Kindly Send or Attach a Recent Passport Size Photograph for Membership Card</b>			
SOGP Secretariat: Department of Obstetrics & Gynaecology Ward - 8 Jinnah Postgraduate Medical Centre, (JPMC) Rafiquae Shaheed Road Karachi Ph: 0092-21-99205040 E-mail: <a href="mailto:sogpjpmc@hotmail.com">sogpjpmc@hotmail.com</a> , Website: <a href="http://www.sogp.org">www.sogp.org</a>			