

THE FEDERATION OF OBSTETRIC AND GYNAECOLOGICAL SOCIETIES OF INDIA

Model Residency CHS, 605, Bapurao Jagtap Marg, Jacob Circle,
Mahalaxmi (East), Mumbai – 400 011



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NOMINATION FORM

Please send in the completed form to the FOGSI Office in the prepaid envelope provided by the FOGSI. The Presidents and the Secretaries of the Societies should sign on this form with nominees who are approved by your Managing Committee shall be entered in this form. No other letter or document will be considered. The nomination should reach on or before **11th July, 2011, 5.00 p.m.**

Dr. P.K. Shah
Secretary General, FOGSI

To,
The Secretary General
FOGSI

Sir,

We nominate the following members for the following posts of CHAIRPERSON FOGSI Committees, TREASURER and JOINT TREASURER of FOGSI

For CHAIRPERSONS

1) **Endoscopy Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

2) **Food & Drugs and Medico Surgical Equipment Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

3) **Imaging Science Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

4) **Medical Termination of Pregnancy Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate: _____

5) **Midlife Management Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

6) **Oncology & Trophoblastic Tumors Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

7) **Perinatology Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

8) **Practical Obstetrics Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

9) **Quiz Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

For TREASURERS

1) **TREASURER :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

2) **JOINT TREASURER :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

Signature : President _____ **Secretary** _____

Name of the Society : _____

Date : _____