

# Association of Obstetricians & Gynaecologists of Delhi

## MEMBERSHIP FORM

Name:.....

Surname: .....

Qualification (year): .....

Postal Address: .....

City:..... State: ..... Pin code: .....

Place of Working: .....

Residence Ph. No. .... Clinical / Hospital Ph. No. ....

Mobile No:..... Email: .....

Gender: Male:..... Female:.....

Date of Birth: Date.....Month ..... Year.....

Member of Any Society:.....

Proposed by .....

Cheque/DD / No: .....



Cheque/Demand Draft should be drawn in favour of:  
**AOGD 2024**

FOR ONLINE TRANSFER THROUGH NEFT/RTGS

**Name of Bank: Bank of Baroda**  
**Branch: Dr RML HOSPITAL DELHI**  
**Name of Account: AOGD 2024**  
**Account no: 26020200000452**  
**IFSC code: BARBORAMDEL**  
**MICR code: 110012061**

For Life Membership : Rs. 11,000 + Rs. 1,980 (18% GST applicable) = Rs. 12,980For

New Annual Membership\* : Rs. 2,000 + Rs. 360 (18% GST applicable) = Rs. 2,360

For Old Renewal Membership+ : Rs. 1,200 + Rs. 216 (18% GST applicable) = Rs. 1,416

**Encl.: Attach Two Photocopies of All Degrees, DMC Certificate and Two Photographs (Self attested)**

\*-Annual Membership is for the calendar year January to December.

+ - In case of renewal, mention old membership number.Note: 18% GST will

be applicable as FOGSI requires it.

Send Complete Membership Form Along With Cheque / DD and Photocopy of required documents.

**AOGDtOffice, Department of Obstetrics & Gynaecology, Maternity Nursing  
Home,ABVIMS & Dr RML Hospital, New Delhi- 110001**

**Contact: 01123404419. Mob : + 91 97173 92924**

