



Indian Academy of Obstetrics & Gynaecology

ASSOCIATE MEMBER APPLICATION

(Fill up in Block letter or type)

I wish to apply for Associate Member of the Indian Academy of Obstetrics & Gynaecology.

Name: _____ Age: ____ yrs

Sex: Male/Female Nationality: Indian /

Corresponding Address:

Tel.: (M) _____ (Cl) _____ E-mail: _____

Qualification:

Degree	Institution	Year of passing	Distinction/ Awards

Experience:

Position	Institution/ Hospital/Clinic	From	To	Duration

Present Designation & Place of work:

Registration No.

Name of Medical Council:

Updated on:

I pledge myself to abide by the Constitution and By-Laws of the Indian Academy of Obstetrics & Gynaecology.

Self
attested
Photograph

(Sign on
bottom)

Signature of Applicant