



## Indian Academy of Obstetrics & Gynaecology

### MEMBERSHIP APPLICATION

(Fill up in Block letter or type)

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

Name: \_\_\_\_\_

Age: \_\_\_\_ yrs

Sex: Male/Female                      Nationality: Indian /

Corresponding Address:

\_\_\_\_\_  
\_\_\_\_\_

Tel.: (M) \_\_\_\_\_ (Cl) \_\_\_\_\_ E-mail: \_\_\_\_\_

Qualification: (MBBS onwards)

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:

Whether Member of the Indian Medical Association? Yes/ No Since year: No.

Whether Member of the other Specialist Association? Yes/ No Since year: No.

Name of the Association: \_\_\_\_\_

**Publication:**

Journal

Sl. No.	Author's name	Title of the paper	Journal	Vol.	No.	Year	Page no

Book contribution

Sl. No.	Author's name	Title of chapter/ article/momograph	Book name	Publisher	Author/ Editor	Edition & Year	Page no

**Participation in Workshops/ Symposia/ Conferences/ Colloquia /Seminars etc. (mention the role)**

Date (s)/ Month & Year	Title of Activity	Level of Event (International/ National/ Local)	Role (Delegate/ Speaker/ Guest Speaker/ Chairperson/ Free Paper presentation/ Panelist/ Any other)	Event Organized by	Venue

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