



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. 8000 (1 st 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.			
Note: Kindly inform any change in postal address or phone number to office address given below at earliest			
Dated: _____		Signature: _____	
Kindly Send or Attach a Recent Passport Size Photograph for Membership Card			
SOGP Secretariat: Department of Obstetrics & Gynaecology Ward - 8 Jinnah Postgraduate Medical Centre, (JPMC) Rafiquae Shaheed Road Karachi Ph: 0092-21-99205040 E-mail: sogpjpmc@hotmail.com , Website: www.sogp.org			