



Society of Obstetricians & Gynaecologists of Pakistan

Membership Form

Name:			
Qualification			
Permanent Address			
Place of Work			
PMDC No:			CNIC No:
Phone No:			Mobile No:
E-Mail Address:			
Field of Interest:			
Life Membership	Rs. 6000 (1 st Year AOFOG, FIGO & SAFOG Fee is Included)		
<p>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</p> <p>Note: Kindly inform any change in postal address or phone number to office address given below at earliest</p>			
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			