

THANE OBSTETRICS & GYNAECOLOGICAL SOCIETY



Reg No. F-27656/THANE

Address : Office No 230, Devashree Garden Commercial Premises Co-op Society Ltd.,
R. W. Sawant Marg, Majiwade Village, Thane (W) 400601.

Contact : M : 9869004812

Email : togsresident@gmail.com

Website: <http://thaneobgysociety.in>

Date:

To,

The Secretary General,
Thane Obstetrics and Gynaecological Society
Thane.

Dear Sir / Madam,

I desire to join the THANE OBSTETRICS AND GYNAECOLOGICAL SOCIETY
as a Patron / Life / Associate Member.

Please consider this as my application for the same.

I have read and understood the constitution of T.O.G.S. and shall abide by the rules
and regulations of the society as enforced from time to time.

My application is accompanied by the Patron /Life / Associate Membership fee paid
by Cheque / Demand Draft payable at Thane.

Name of Bank-
Branch

Dated

Cheque/DD no:
Amount Rs.

Or

Proof of online transfer (with UTRN number).

[Cheques in favour of : “Thane Obstetrics and Gynaecological Society”]

Please arrange to have my application processed at the next Managing Council
meeting and oblige.

Signature of Applicant

Name in Full

Details of Applicant

(Please write in capital letters. Form with incomplete information will delay your process)

First Name :

Middle Name:

Last Name:

Gender:

Date of Birth : (dd/mm/yy)

Address line 1:

Address line 2:

Town:

Pin code:

Email:

Mobile No.:

Alternate phone number:

Alternate Email (if any):

Qualifications:

(please attach self attested photocopies of P.G.Qualifications & Latest MMC registration renewal certificate to the application)

Membership Type Applied for : (please tick) Patron / Life / Associate

Were you previously a member of any other FOGSI affiliated Society? Yes / No

If Yes:

Joining Year:

Membership type:

Were you a part of the managing committee Or an office bearer there? Yes / No.

If Yes,

then please mention position held and duration of the same:

Professional Attachments with Designation (if any) :

Special interests:

(you will require two members as referees, in case of difficulty please contact any office-bearers for guidance)

Referral 1

Name:
Contact No.:
Email:

Referral 2

Name:
Contact No.:
Email:

List of Documents to be attached:

1. Degree certificate
2. MMC registration with renewal- if any
3. Address proof -- home or Clinic/hospital--electric/telephonebill/Adhaar card/
Driving licence etc.
4. Two recent passport size photographs

Declaration

(To be made and signed by new members when they enroll)

I am not an active member of any member society of FOGSI.

I was an active member of _____ Society &
have resigned from the same on: (date)
(Strike out if not applicable or attach copy of resignation).

I hereby declare that:

I will not apply for being enrolled as an active member of any other FOGSI member society while my membership is in force with TOGS (Thane Obstetrics & Gynaecological Society) .

Any contravention of this declaration shall result in automatic termination of my membership as an active member of all member societies affiliated to FOGSI.

This declaration is made by me out of my own free will and choice and without any duress and / or coercion.

Name in full—

Qualification

(To submit photocopy of MMC postgraduate registration)

Complete postal address:

E-mail—

Mobile:

Alternate phone number :

Signature :

Date :

Place: