



# UP CHAPTER OF OBSTETRICS AND GYNAECOLOGY

## MEMBERSHIP APPLICATION FORM

Life membership Fee + Journal for 3 years ( 1000+1200 =2200)

Dear Madam/Sir,

I hereby apply to be enrolled as a life member of UP Chapter of Obstetrics & Gynaecology.

Name(in block letters).....

Father's/Husband's/Wife's Name.....

Address.....

.....

Telephone no.....

Email id .....

|                     |  |  |  |
|---------------------|--|--|--|
| Qualification       |  |  |  |
| College             |  |  |  |
| University          |  |  |  |
| Year of admission   |  |  |  |
| Year of passing out |  |  |  |

Registration no.....Date.....

Name of the council of registration.....

Are you in service  Yes  NO

Status....GP  consultant  Hospital practice

**Note:** Those who are life members

Of UPCOG they have to submit

Rs 1200 for 3 years journal

Date.....

alongwith proof of their life

membership

Dr.Kirti Dubey(hon.Secretary UPCOG

Signature of applicant.....

87,Prem prayag colony,Meerut

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Email:dockirti@ymail.com