

**OBSTETRICAL AND GYNAECOLOGICAL SOCIETY OF BANGLADESH**



**MEMBERSHIP FORM**

1. Name (in block letters) .....

2. Designation .....

3. Spouse Name .....

4. Address:

Permanent

Present

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5. Telephone & Mobile:

5. E-mail :

6. Date of birth ..... Marital status .....

7. Date of Graduation .....

8. Medical College from which graduated .....

1. Duration of active work .....  
(in Obstetrics and Gynaecology)  
(service/private practice)

2. Branch .....

3. No of publication .....

4. Postgraduate degree/Academic qualification .....

Date: .....

Signature of the  
Candidate

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Proposed by .....

Seconded by .....

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For official use only

Date of receipt of application .....

Date of election of Membership .....

Sl. No . in Registration Book .....

Change of Address if any .....

# Bio Data

Passport size coloured  
photograph (please use  
jams clip)

Please write in capital letters

1. **Name:**

2. **Designation:**

3. **Address with telephone:** Official:

Residential:

Permanent:

4. **Telephone & Mobile:**

5. **E-mail:**

6. **Name of the spouse:**

7. **Date of Birth:**

8. **Academic qualification**

Degree/ certificate	Institution	Month and Year of passing	Remarks
MBBS			
FCPS			
MS			
DGO			
MCPS			
Others			

Signature:

Date: