



APPLICATION FORM
FOR ELECTION OF MANAGING COUNCIL
OF
PUNE OBSTETRIC & GYNAECOLOGICAL SOCIETY
FOR THE YEAR 20__ -20__

1. NAME OF APPLICANT: _____

2. DATE OF BIRTH: _____

3. ADDRESS: _____

4. TELEPHONE NOS:-

RESIDENCE: _____

CLINIC/HOSP: _____

MOBILE: _____

5. EMAIL ID:- _____

6. LIFE/ANNUAL MEMBER OF: _____ OB-GYN SOCIETY SINCE _____

7. LIFE/ANNUAL MEMBER OF POGS SINCE: _____

8. POST APPLIED FOR:- _____

9. PREVIOUS POST HELD:- _____

SIGNATURE OF APPLICANT

Date:

PROPOSED BY (NAME AND SIGN) ANY POGS MEMBER

Date:

SECONDED BY (NAME AND SIGN) ANY POGS MEMBER

Date: