



THE FEDERATION OF OBSTETRIC AND GYNAECOLOGICAL SOCIETIES OF INDIA

Model Residency CHS, 605, Bapurao Jagtap Marg, Jacob Circle,
Mahalaxmi (East), Mumbai – 400 011

Tel: 91-22-23021648 / 23021654/ 23021343 Fax: 91-22-23021383

NOMINATION FORM

Please send in the completed form to the FOGSI Office in the prepaid envelope provided by the FOGSI. The Presidents and the Secretaries of the Societies should sign on this form with nominees who are approved by your Managing Committee shall be entered in this form. No other letter or document will be considered. The nomination should reach on or before **July 1, 2013, 5.00 p.m.**

Dr. Nozer Sheriar
Secretary General, FOGSI

To,
The Secretary General
FOGSI

Sir,

We nominate the following members for the following posts of CHAIRPERSON FOGSI Committees

For CHAIRPERSONS

1) **Endocrinology Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

2) **Endometriosis Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

3) **Ethics & Medico Legal Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

4) **HIV & AIDS Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate: _____

5) **Infertility Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

6) **Safe Motherhood Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

7) **Sexual Medicine Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

8) **Urogynaecology Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

9) **Young Talent Promotion Committee :-**

Dr. _____

Address of the Candidate : _____

Tel No. / Mobile No. of Candidate _____

Signature : President _____ **Secretary** _____

Name of the Society : _____

Date : _____