

THE PCOS SOCIETY (India)



MEMBERSHIP FORM

Membership criteria and types:

Life Members: with a minimum of post graduate degree or diploma recognized by MCI, from any speciality of medicine can apply.

Patron Members: As above

Associate Members: Nutritionists, physiotherapists, Counsellors etc. can apply.

Affix Photograph Here

Name

Date of Birth

Address for Correspondence

Pincode

Mobile number

Telephone No (with STD code)

Email

Current Position

MCI registration No.

Qualifications:

Life Members: (MBBS + Post Graduate Diploma / Degree in any speciality of Medicine)

Associated Members: (MBBS / diploma / degree in allied field of women's health)

University / College / Institution

Year of Qualifying

Speciality

Current Position: Affiliation with Institutions / Societies

MEMBERSHIP FEE

- **Life Members** – (Diploma / Degree holders in speciality of Medicine / Surgery): ₹ 5,900/-*
- **Associate Members** – (Allied professionals like physiotherapists, nutritionists, counsellors, etc.) – **No voting rights.** ₹ 2,950/-*
- **Patron Members** ₹ 11,800/-*
- **Honorary Members** – by Nomination

*Rates are inclusive of 18% GST

PAYMENT DETAILS

PLEASE ATTACH A COPY OF POST GRADUATE QUALIFICATION CERTIFICATE WITH THE FORM – EG. MD/DGO/MS/DNB/MRCOG OR EQUIVALENT IN OTHER SPECIALITIES.

The cheque should be drawn in favour of "The PCOS Society"

DD / Cheque No. _____

For Rs. _____

Drawn on _____

Membership Fee by Cheque to be mailed to:

The PCOS Society

C/O Gynaecworld

Kwality House, 1st Floor, August Kranti Marg

Kemps Corner, Mumbai 400 036

Phone. 022 23802584, 022 23803965 Email. thepcossociety@gmail.com

BANK TRANSFER

Account No. 001310110002866

Bank name and address Bank of India, Cumballa Hill Branch
Kemps Shopee, 1st Floor, 141 August Kranti Marg
Near Hotel Shalimar Mumbai, Mumbai 400036

RTGS/IFCS Code BKID0000013

Scanned copy of Bank Transfer should be sent to thepcossociety@gmail.com

of Rs. _____

vide _____ UTR no _____ dated _____ towards _____

Life / Associate / Patron Members.

I certify that the information submitted here is complete & correct to the best of my knowledge.

Date Signature of applicant

Proposed by: _____ Signature: _____

Seconded By: _____ Signature: _____

FOR OFFICE USE ONLY

Date of receipt: _____

Year of joining _____ Membership number allocated Yes / No. _____

Membership Number _____