



**Membership Form**  
**FOGSI – Social Security Scheme**

**Personal Details :-**

Name : \_\_\_\_\_

Age : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Sex : \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ Pincode : \_\_\_\_\_ State : \_\_\_\_\_

Contact Numbers : \_\_\_\_\_ Email : \_\_\_\_\_

Name of the Parent Society : \_\_\_\_\_

Life Member : Yes / No Duration of Membership : \_\_\_\_\_ years

**Nomination Details :-**

Name of the Nominee : \_\_\_\_\_ Relationship : \_\_\_\_\_  
( Full name )

Alternate Nominee : \_\_\_\_\_ Relationship : \_\_\_\_\_  
( Full name )

**Membership Contribution :-**

Admission Fees(As recommended): Rs.\_\_\_\_\_ (Please attached age proof).

Membership Fee : Rs.100/-

Advance Fraternity Contribution : Rs.1,500/-

Total Amount Paid : Rs. \_\_\_\_\_ by Cheque / Demand Draft No. \_\_\_\_\_  
dated \_\_\_\_\_ Bank : \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

**To be filled by the Member Society (Certificate by the Member Society)**

This is to Certify that Dr. \_\_\_\_\_ is a continuous active  
Member of the Society for the last \_\_\_\_\_ years.

Seal of the  
Society

\_\_\_\_\_  
**Signature of the President / Secretary**

**For Office Use Only**

FOGSI Membership No. : \_\_\_\_\_

Application No. \_\_\_\_\_

Receipt No. \_\_\_\_\_ dated \_\_\_\_\_

**Office Superintendent**

**Treasurer**