



For Office Use Only

Membership No: _____

Receipt No: _____

Received: Cash/ DD/ Cheque/ NEFT/ Online _____

Remarks: _____

Membership Form

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Qualification _____ Designation _____

Institution Name _____

Medical Council Number _____ State _____

Work Address _____

Res. Address _____

City _____ District _____ Pin _____ State _____

Mobile _____ Res/ Code _____ Work _____

Mail ID _____

Year of Passing: MBBS _____ MD/ DNB _____ Fellowship _____

Others _____

Membership Recommended by

1. Affiliation _____ Sogii Membership No _____

☐ I do not know him/her personally, but have enquired upon. ☐ I personally know him/her

2. Affiliation _____ Sogii Membership No _____

☐ I do not know him/her personally, but have enquired upon. ☐ I personally know him/her

Payment: ☐ Cash ☐ DD ☐ Cheque ☐ NEFT ☐ Online Signature of applicant _____

For NEFT

Account Name	Society of Gynecological imaging and interventions
A/C no	7491616440
IFSC	IDIB000K169
Bank	Indian Bank,
Branch	KMCH Goldwins Branch

Scan QR code



For DD/ Cheque

If you wish to pay by Cheque / Draft, please make a Cheque / Draft or Rs. 5,000/- in favour of

"Society of gynecological imaging and interventions" payable at Coimbatore.

Send it to the address below with self-attested copy of degree & medical council registration certificates

Society of Gynecological Imaging and Interventions

Division of Breast and Women's Imaging

Department of Radiology

Kovai Medical Center and Hospital, No. 99, Avanashi road, Coimbatore - 641014

Mobile: +91 81489 68028 Email: gynecimatingsociety@gmail.com