

The Association of Obstetricians & Gynaecologists of Delhi

Nomination Form

Name: _____

Designation/Affiliation_____

AOGD Membership no: _____

Official Address: _____

Residential Address: _____

Phone: _____ Email: _____

Bio Sketch (Relevant to the Eligibility Criteria in 250words)



Post Applied for

Sub-committee Chairperson
2026-28

Subcommittee Name

Proposed by – Name

AOGD Membership no.

Signature

1.

Seconded by

1.

2.

Nominations should reach at AOGD Office
For any Query please call Mrs. Sarita : 9211656757, 9717392924