The Association of Obstetricians & Gynaecologists of Delhi

Nomination Form

Name:_____

Designation/Affilation_____

AOGD Membership no:_____

Official Address:_____

Residential Address:_____

Phone:_____Email:_____

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

Post Applied for

President 2027-28 ☐

Vice President 2027-28 ☐

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