**To be filled by the President & Secretary of Member Society of FOGSI (Certificate by the Member Society)**

This is to Certify that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is a continuous active Member of the Society for the last \_\_\_\_\_\_\_\_\_ years(Minimum of 5 years) (Date of joining branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) and holds the qualification mentioned above.

Signature of the President Signature of the Hon. Secretary