

THE UROLOGICAL SOCIETY OF INDIA



APPLICATION FORM FOR MEMBERSHIP

Membership No. _____

Please paste
your recent
passport size
photograph

Category of Membership applied for: Full / Associate / Conversion

NAME

(Use Block Letters)

First Name

Middle Name

Surname

The alphabet category you
would like to be coded under

Please tick the appropriate box for preferred address for communication:

Address
(Residence)

Address
(Office)

Pin Code _____

Pin Code _____

Tel. (Res.) _____

Tel. (Office) _____

Email _____

Mobile: _____

Date of Birth : _____

Qualifications:

Degree/Diploma

Date

University

Present Appointment & Designation:

Training in Urology

Period of Training

University/College/Hospital

FOR CHANGE OF MEMBERSHIP CATEGORY : [Associate to Full]

Present Category : _____

Year of Joining USI : _____

Membership No. : _____

Reason for change : _____

SPONSORS (Should be Full Members of the Urological Society of India)

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Signature: _____ Signature: _____

USI No.: _____ USI No. : _____

I declare that the information given by me as above is correct and if elected, I do agree to abide by the constitution of the Urological Society of India.

Place _____

Date _____

Signature of the applicant

[Please enclose certified/attested copies of the degree/post graduation certificate.]

Please mail your form to the **Hon. Treasurer** along with the documents and a DD for **Rs. 10000/-** favoring 'Urological Society of India' payable at **Agra**:

Dr. Madhu S Agrawal

Honorary Treasurer,
Urological Society of India
4/18c, Bagh Farzana, Civil Lines,
Agra-282 002 (India)
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