

# 24, 25th May 2019

Organised by

BOE (Board of Education), Urology Society of India

Venue : Hotel Hyatt Regency, Kolkata

## REGISTRATION FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Designation \_\_\_\_\_ Hospital/Institute \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ Email \_\_\_\_\_

Registration Category \_\_\_\_\_ Amount \_\_\_\_\_

MCI / State Registration Number \_\_\_\_\_

Registration Detail	Up to 15 <sup>th</sup> of May 2019	Spot Registration
Delegates	Rs. 2000	To be Announced Later
Students with Certificates	Rs. 1000	

Delegates are requested to send their filled in registration form and please send a screenshot / picture of the NEFT/DD to [usicentraloffice1@gmail.com](mailto:usicentraloffice1@gmail.com) and cc to [CAPSUMMIT.KOLKATA@gmail.com](mailto:CAPSUMMIT.KOLKATA@gmail.com), via email. Registration can be transferred as NEFT or DD drawn in favor of "THE UROLOGICAL SOCIETY OF INDIA" payable at Agra.

Payment details: NEFT Transaction Id / DD No.....drawn in favor of.....  
dated ...../...../.....

Date:...../...../.....

Signature of the Delegate / PG student

19, First Floor opposite Metro Pillar No. 195  
Near Patel Nagar Metro Station South Patel Nagar  
New Delhi 110008  
Contact: 9897921138

Account Name : The Urological Society of India  
Account No. : 30744533676  
Name : Bank : [STATE BANK OF INDIA](#)  
Branch : [S.N.M.C AGRA](#)  
IFSC Code : SBIN0007892