

ANDROLOGY SECTION OF THE UROLOGICAL SOCIETY OF INDIA



NOMINATION FORM



(Please complete the attached check list)

Nomination for the post of _____

Name of the Applicant _____

Address for correspondence: _____

City _____ State _____ Pin _____

Email ID _____ Mobile _____

USI membership number _____

Proposed by

Full name _____

Address for correspondence _____

City _____ State _____ Pin _____

Email ID _____ Mobile _____

USI membership number _____ Signature _____

Seconded by

Full name _____

Address for correspondence _____

City _____ State _____ Pin _____

Email ID _____ Mobile _____

USI membership number _____ Signature _____

Declaration by applicant

I hereby declare that I am a member of Andrology Section of USI. I am not holding a post either in USI or any zonal chapter of USI. I have not applied for any post in any other section of USI. I, further declare that if elected, I agree to accept the post of _____.

I shall abide by the constitution and rules and regulations of the USI.

Date:

Place:

Signature of the applicant