

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 _____

Experience as council member*: From _____ To _____

(*of USI council in case of nomination for the post of President-Elect, Secretary-Elect and Treasurer-Elect, completed prior to the declaration of results; Zonal council member in case of nomination for the post of USI Council member, completed prior to the declaration of results)

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 have/will completed/complete one full term of two years as a Council member of USI (for USI executive posts) / as Council member of the Zonal Chapter (for the post of Council member, USI) prior to the declaration of results. 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

Check List for Nomination Form

(Please tick against each line)

- | | | |
|-----|---|-----|
| 1. | Duly filled nomination form | Yes |
| 2. | You are a full member of the Society | Yes |
| 3. | You have entered your membership number | Yes |
| 4. | You have signed the form | Yes |
| 5. | Your proposer & seconder are full members | Yes |
| 6. | Your proposer & seconder have signed the form | Yes |
| 7. | Membership numbers of proposer & seconder have been printed | Yes |
| 8. | You have completed/will complete one full term of two years as council member USI (for the post of President-Elect, Secretary-Elect and Treasurer-Elect) / one full term of two years as council member of the zonal chapter (for the post of council member of USI) as on the date of declaration of results | Yes |
| 9. | You have sent the hard copy of your nomination which will reach USI Central office by the last day of submission | Yes |
| 10. | You have mailed your brief resume (not more than 300 words) | Yes |

Name of the Applicant:

Signature