



REGISTRATION FORM

URO-MET (Urology Medical Education & Technology)

8th, 9th & 10th September Gurgaon, Haryana, India

Name	
Date of Birth	
USI Membership No.	
Permanent Address	
Email ID	
Mobile No.	
MCh with Year of residency	
DNB with Year of residency	
Name of the Institute	
Institute Address	
Institute Email ID	
Name of Head of the Department	

Please note:

- ☑ For registration to be accepted:
 - You must be a second year Resident
 - You must have a USI Membership number
- ☑ Your application will otherwise be rejected

Enclosures required:

- ☑ Certificate from your HOD, Certifying your course
- ☑ USI Membership Certificate or USI application copies