



## Registration Form

Mock Exam on 5<sup>th</sup> & 6<sup>th</sup> March 2016

Surname : \_\_\_\_\_ Initials : \_\_\_\_\_

USI Membership No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email id : \_\_\_\_\_

M.Ch Year of Joining: \_\_\_\_\_ Month & Year of Final Exam: \_\_\_\_\_

D.N.B Year of Joining: \_\_\_\_\_ Month & Year of Final Exam: \_\_\_\_\_

Name of the Institute: \_\_\_\_\_

Address of the Institute: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Id: \_\_\_\_\_ Head of Department : \_\_\_\_\_

### Registration fees Rs 1000

#### *Different methods of paying fees*

- 1) Pay online using the online link at the USI Website
- 2) Bank Transfer as per the details given below:  
Deposit cash, cheque in HDFC Bank in your city as per the details given below
  - a. Send at par cheque in name of **"The Urological Society of India"**
  - b. DD drawn in favor of **"The Urological Society of India"** payable at par

#### **Bank Details :**

**A/c No.: 08701450000076,**

**IFSC Code: HDFC0000870**

Accommodation and Local Hospitality will be supported by an Educational Grant from Dr. Reddy's Laboratories Ltd. to USI. Limited accommodation will be arranged on twin sharing basis & it will on first come first serve basis.

***As far as possible, please do paperless transaction. Please send in the duly filled form and payment details receipt by email. If you have paid by bank transfer or deposit money in bank, send scan copy of receipt.***

Date:

Signature :