



Registration Form

URO-MET (Urology Medical Education & Technology)



7th & 8th September 2018

New Delhi

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 : _____

Please note:

For registration to be accepted:

- You must be a second/third year Resident
- You must have a USI Membership number

Enclosures required:

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

Date:

Signature :