



# THE UROLOGICAL SOCIETY OF INDIA

## APPLICATION FORM FOR MEMBERSHIP CONVERSION

Please paste your recent passport size photograph

Membership No. \_\_\_\_\_

Name \_\_\_\_\_ Gender M/F

(Use Block Letters) First Name Middle Name Surname

### Address for correspondence

\_\_\_\_\_  
\_\_\_\_\_

Pin Code \_\_\_\_\_ Mobile: \_\_\_\_\_

Tel. (Res.) \_\_\_\_\_ Tel. (Office) \_\_\_\_\_

Email ID \_\_\_\_\_ Date of Birth : \_\_\_\_\_

### Qualifications: (Please attach a copy)

| Degree/Diploma | Date  | Institution/University |
|----------------|-------|------------------------|
| _____          | _____ | _____                  |
| _____          | _____ | _____                  |

### For change of membership category: [Associate to Full] (Please fill the complete form)

Membership No.: \_\_\_\_\_ Present Category: \_\_\_\_\_

Year of Joining USI: \_\_\_\_\_ Reason for change: \_\_\_\_\_

I declare that the information given by me as above is correct and if elected, I agree to abide by the constitution of the Urological Society of India.

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of the applicant

Please send the following by post or courier (1) conversion form to USI office along with (2) certified / attested copies of the degree certificate and a (3) a valid photo ID (Aadhaar card/Voter card/Driving License/Passport).

**Dr Rajeev T P** (Hon. Treasurer)  
The Urological Society of India  
19, First Floor, Above HDFC Bank  
Near Patel Nagar Metro Station  
South Patel Nagar  
New Delhi – 110008  
E-mail: centraloffice.usi@gmail.com