

THE UROLOGICAL SOCIETY OF INDIA

APPLICATION FORM FOR MEMBERSHIP

Membership No. _____

Category of Membership applied for: Full/ Associate / Conversion / International

Please paste
your recent
passport size

Name _____
(Use Block Letters) First Name Middle Name Surname

Gender . M/F

Please tick the appropriate box for preferred address for communication:

Address
(Residence)

Address
(Office)

Pin Code _____

Pin Code _____

Tel. (Res.) _____

Tel. (Office) _____

Email _____

Mobile: _____

Date of Birth : _____

Qualifications:

Degree/Diploma

Date

Institution/University

Present Appointment & Designation:

Training in Urology

Period of Training

Institution/Hospital

For change of membership category: [Associate to Full]

Membership No.: _____ Present Category: _____
Year of Joining USI: _____ Reason for change: _____

Sponsors (Should be Full Members of the Urological Society of India)

1. Name: _____ 2. Name: _____
Address: _____ Address: _____

Signature: _____ Signature: _____
USI No.: _____ USI No. : _____

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

Membership Fee:

Type of Membership	Membership fees	IGST @ 18%	Total
Indian Urologist	₹10000/-	₹1800	₹11800
SAARC AND OCI (OVERSEASE CITIZENS of India)	US\$ 250	US\$ 45	US\$ 295
Non SAARC COUNTRIES	US\$ 500	US\$ 90	US\$ 590

GSTIN :- 07AAATT0147P1Z7

Please mail your form to the **Central Office** along with certified/attested copies of the degree/post graduation certificate and a DD in favor of 'The Urological Society of India' payable at **Delhi**:

Central Office
The Urological Society of India
19 South Patel Nagar,
First Floor, Above HDFC Bank
Opp. Metro Pillar No. 195
Near Patel Nagar Metro Station
Delhi – 110008
Email: centraloffice.usi@gmail.com

