



THE UROLOGICAL SOCIETY OF INDIA

APPLICATION FOR ASSOCIATE MEMBERSHIP / CONVERSION TO FULL MEMBERSHIP / FULL MEMBERSHIP

NAME:
First Name Middle Name Surname

Address
(Residence)

Pin Code _____

Tele.(Res.) _____

Address
(Correspondence)

Pin Code _____

Address (Office)

Pin Code _____

Tel.(O) _____

Email _____

Date of Birth : _____

Mobile : _____

Category of Membership applied for: Associate /Conversion/Full/ Affiliate []

Degree/Diploma	Dates When Obtained	University
_____	_____	_____
_____	_____	_____
_____	_____	_____

Present Appointment & Designation :

Training in Urology	Period of Training	University/College/Hospital

Past Appointments:

Papers/Publication/Research Work Related to Urology and / or Allied Ancillary Sciences:

Details of Membership in other Medical Associations:

ASI
 IMA
 Other (Specify) _____

FOR CHANGE OF MEMBERSHIP CATEGORY [Associate to Full / Affiliate]

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

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

SIGNATURE

NAME:

FL MEMBERSHIP NO:

SIGNATURE

NAME:

FL MEMBERSHIP NO:

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

SIGNATURE OF THE APPLICANT

NAME:

PLACE:

DATE:

[ENCL: CERTIFIED/ATTESTED TRUE COPIES OF THE DEGREE/POST GRADUATION CERTIFICATE.]

Please mail your forms to the Hon. Treasurer along with the documents and a DD of Rs. 5000/- favouring “Urological Society of India” payable at Agra.

**Dr Madhu S Agrawal,
Honorary Treasurer,
Urological Society of India,
4/18C, Bagh Farzana, Civil Lines
Agra -282002 (India)
Mob: +91-98370 40897.
email: dr.madhu.agra@gmail.com**

For any other information please contact the USI Secretariat :

**Dr KIM MAMMEN,
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Mob: +919814034185.
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