



# THE UROLOGICAL SOCIETY OF INDIA

## APPLICATION FORM FOR MEMBERSHIP

Please paste your recent passport size photograph

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

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

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Present Appointment & Designation:

\_\_\_\_\_

Training in Urology	Period of Training	Institution/Hospital
_____	_____	_____
_____	_____	_____

**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
<b>Indian Urologists</b>	<b>₹ 10000/-</b>	<b>₹ 1800/-</b>	<b>₹ 11800/-</b>
<b>SAARC &amp; OCI (Overseas Citizens of India)</b>	<b>US\$ 250/-</b>	<b>US \$ 45</b>	<b>US \$ 295</b>
<b>Non SAARC Countries</b>	<b>US \$ 500</b>	<b>US \$ 90</b>	<b>US \$ 590</b>

Please send the following by post or courier **(1)** form to USI office along with **(2)** certified / attested copies of the degree/post graduation certificate and a **(3)** Online transaction receipt or cheque / DD in favor of '**The Urological Society of India**' payable at **Agra** **(4)** a valid photo ID (Aadhaar card/Voter card/Driving License/Passport).

**Dr Rajeev T P** (Hon. Treasurer)  
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