

Nomination Form

UROLOGICAL SOCIETY OF INDIA

Nomination for the post of:

Name of the Candidate :

Mailing Address :
.....
.....

USI Membership Number :

Proposed by

Signature :

Full name :

Mailing Address :
.....
.....

USI Membership Number :

Proposed by

Signature :

Full name :

Mailing Address :
.....
.....

USI Membership Number:

I hereby declare that, if elected, I agree to accept the Post of
.....**of the USI. I would abide by**
the rules and regulations and the constitution of the USI.

Name of Candidate :

.....

Date :

.....

Signature

Secretariat address:

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