

THE UROLOGICAL SOCIETY OF INDIA



NOMINATION FORM

(Please complete the attached check list)

Nomination for the post of _____

Name of the Applicant _____

Address for correspondence: _____

City _____ State _____ Pin _____

Email ID _____ Mobile _____

USI membership number _____

Experience as council member: From _____ To _____

(in case of nomination for the post of President-Elect, Secretary-Elect and Treasurer-Elect)

Proposed by

Full name: _____

Address for correspondence: _____

City _____ State _____ Pin _____

Email ID _____ Mobile _____

USI membership number _____ Signature _____

Seconded by

Full name: _____

Address for correspondence: _____

City _____ State _____ Pin _____

Email ID _____ Mobile _____

USI membership number _____ Signature _____

Declaration by applicant

I hereby declare that if elected, I agree to accept the post of _____

I shall abide by the constitution and rules and regulations of the USI.

Date:

Place:

Signature of the applicant

Check List for Nomination Form

S. No	Item	Encircle
1.	Duly filled nomination form	Yes / No
2.	You are a full member of the society	Yes / No
3.	You have entered your membership number	Yes / No
4.	You have signed the form	Yes / No
5.	Your proposer & seconder are full members	Yes / No
6.	Your proposer & seconder have signed the form	Yes / No
7.	Membership numbers of proposer & seconder have been printed	Yes / No
8.	If you are applying for the post of president elect / honorary secretary / honorary treasurer, you have completed two years as council member as on the last day of submission of nomination	Yes / No
9.	You are sending the hard copy of your nomination which will reach USI Central office by the last day of submission	Yes / No
10.	You have mailed your brief resume (not more than 300 words)	Yes / No