



Registration Form

USI Mock Exam 2020

3rd & 4th March 2020

Stanley Medical College, Chennai

Surname: _____ Initials : _____

USI Membership No.: _____ Date of Birth: _____

Permanent Address: _____

Mobile No.: _____ Email id: _____

M.Ch Year of Joining: _____ Month & Year of Final Exam: _____

D.N.B Year of Joining: _____ Month & Year of Final Exam: _____

Name of the Institute: _____

Address of the Institute: _____

Telephone No.: _____ Fax No.: _____

Email Id: _____ Head of Department: _____

Registration fees Rs 1000

Different methods of paying fees

- 1) Pay online using the online link at the USI Website
- 2) Bank Transfer as per the details given below:
Deposit cash, cheque in **ICICI Bank** in your city as per the details given below
 - a. Send at par cheque in name of "**The Urological Society of India**"
 - b. DD drawn in favor of "**The Urological Society of India**" payable at par

Bank Details :

A/c No.: 191401000995

Branch Name: Mayur Complex, Agra-Mathura Road, Agra

IFSC Code: ICIC0001914

As far as possible, please do paperless transaction. Please send in the duly filled form and payment details receipt by email. If you have paid by bank transfer or deposited money in bank, please send scan copy of receipt

Date:

Signature :