



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

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. K Pitchai Balashanmugam (Hon. Treasurer)

The Urological Society of India

19, First Floor, Above HDFC Bank

Near Patel Nagar Metro Station

South Patel Nagar

New Delhi – 110008

E-mail: centraloffice.usi@gmail.com