

THE UROLOGICAL SOCIETY OF INDIA

APPLICATION FORM FOR MEMBERSHIP

PLEASE FILL THE FORM IN CAPITAL LETTERS

Please paste your recent passport size photograph

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

Name				Male/Female	
(Use Block Letters) Fi	rst Name	Middle Name	Surname		our pref
Address for corre	espondenc	ee			nabet cate
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Pin Code		Mobile	e:		_
Tel. (Res.)					
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Date of Birth :					
Qualifications: (I	Please attac	ch a self attested copy)			
Degree/Diploma		Date (Passed)		Institution/University	
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Present Appoints	nont & De	osignation•			
i resent Appointi	nent & De	esignation.			
Training in Urolog	gy	Period of Training	Ins	titution/Hospital	
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4.					

Recommended by two Full members of USI

1. Name:	2.	Name:
Address:		Address:
Signature:		Signature:
USI No.:		USI No. :
I declare that the information given by mabide by the constitution of the Urologic		
Place		
Date		Applicant's Signature

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

- * Those who have completed MCh / DNB (Urology) are eligible to apply as Full member.
- ** MCh / DNB (Urology) students are eligible to apply as trainee member.

Please send the following by post or courier:

- (1) Duly filled form to USI office to the address given below.
- (2) Certified / self attested copies of the degree / post graduation certificate in Urology.
- (3) Online transaction receipt or cheque / DD in favor of 'The Urological Society of India' payable at Delhi.
- (4) A valid photo ID (Aadhaar card / Voter card / Driving License/Passport).
- (5) MCI registration (in case of international / overseas degree in Urology).

Navneet Arora

The Urological Society of India

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