THE UROLOGICAL SOCIETY OF INDIA

NOMINATION FORM



(Please complete the attached checklist)

Nomination for the post of				
Name of the Appli	cant			
Address for correspondence:				
City		Pin		
Email ID		Mobile		
USI membership n	number			
Tenure as council	member*: From	To		
Elect, completed a	t the time of taking char	ne post of President-Elect, Secretary-Elect and Treasurerge; Zonal council member in case of nomination for the the time of taking charge)		
Proposed by				
Full name				
Address for corres	pondence			
City	State	Pin		
Email ID		Mobile		
USI membership n	number	Signature		
Seconded by Full name				
City		Pin		
Email ID		Mobile		
USI membership n	number	Signature		
Declaration by ap	plicant			
I hereby declare that	I have/will completed/com	plete one full term of two years as a Council member of USI		
(for USI executive p	posts) / as Council member	of the Zonal Chapter (for the post of Council member, USI)		
at the time of taking	charge. I, further declare th	at if elected, I agree to accept the post of		
I shall abide by the	e constitution and rules ar	nd regulations of the USI.		
Date:				
Place:		Signature of the applicant		

Check List for Nomination Form

(Please tick against each line)

1.	Duly filled nomination form	Yes
2.	You are a full member of the Society	Yes
3.	You have entered your membership number	Yes
4.	You have signed the form	Yes
5.	Your proposer & seconder are full members	Yes
6.	Your proposer & seconder have signed the form	Yes
7.	Membership numbers of proposer & seconder have been printed	Yes
8.	You have completed/will complete one full term of two years as council member USI (for the post of President-Elect, Secretary-Elect and Treasurer-Elect) / one full term of two years as council member of the zonal chapter (for the post of council member of USI) at the time of taking charge	Yes
9.	You have sent the hard copy of your nomination which will reach USI Central office by the last day of submission	Yes
10.	You have mailed your brief resume (not more than 300 words)	Yes
	Name of the Applicant:	Signature