



**East Zone Chapter of  
The Urological Society of India  
Membership Form**

Paste  
your  
Photograph

1. Name

2. Date of Birth

3. Address : .....

.....

Phone No. : ..... Mobile No. : .....

Email ID : .....

4. Educational Qualification

Degree	Year	Institution
MBBS		
MS		
M.Ch / DNB		
Others		

5. Whether Member of Urological Society of India : YES / NO  
 (if YES) USI membership Number : .....

6. For Change of Membership Category [Associate to Full] : .....

Present Category : .....

Year of Joining USI-EZ : .....

Reason for Change : .....

7. Proposed by (Name & Signature) : .....

USI Membership Number : .....

USI East Zone member : YES / NO

8. Seconded by (Name & Signature) : .....

USI Membership Number : .....

USI East Zone member : YES / NO

Date : .....

Place : .....

*Signature of the Applicant*

**NB:** Please send the completed form by speed post only to the Secretariat address given below. Membership fee payable by Online transfer (Bank QR code below)/cheque/ demand draft in favour of " East Zone Chapter of the Urological Society of India " for Rs 2500.00 (Two Thousand Five Hundred Only) **Secretariat Address:** DIGITAL INDIA BUSINESS SOLUTION Module 2402, Shilpagan Building, SDF 2, LB - 1, Salt Lake, Sector - 3, Kolkata - 700098 Email - secretaryeastzone@gmail.com

**Bank details:**

**Account Name** - EAST ZONE CHAPTER OF THE UROLOGICAL SOCIETY OF INDIA  
**Account Number** - 42631601286, **Bank Name** - STATE BANK OF INDIA,  
**Branch Name** - Kalighat,  
**IFSC Code** - SBIN001722

