East Zone Chapter of
The Urological Society of India

Membership Form

Paste your Photograph

1. Name

2. Date of Birth D D M M Y Y Y Y

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 5000.00 (Five Thousand Only)

Secretariat Address:
DIGITAL INDIA BUSINESS SOLUTION
Roys IT Park, EN 9 Salt Lake, Sector 5, 9th floor, Kolkata 700091

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