

KINDLY PRINT THIS FORM, FILL IT AND SEND IT TO THE HONORARY TREASURER, NZUSI.



**NORTH ZONE CHAPTER  
UROLOGICAL SOCIETY OF INDIA  
MEMBERSHIP APPLICATION FORM\***

Name : .....   
(in block letters) (surname) (first name) (middle/other name) The alphabet category you would like to be coded under

Date of Birth : .....

Address : (Please tick your preference as the address for communication)

Office

Residence

.....  
.....  
.....

Pin .....

Pin .....

Phone : ( ) .....  
(area code)

Phone : ( ) .....  
(area code)

Fax : .....

Cellphone : .....

E-mail address / Website

.....

Present appointment & designation :

Designation

Institution

Year of Joining

.....  
.....

Academic qualification\* :

Degree/Diploma

Institution/University

Year of Passing

.....  
.....  
.....

Training in-Urology\* :

Institution

Duration

(from to )

.....  
.....

**Note :**

- Please send the application form duly completed along with payment, to the Honorary Treasurer, North Zone Chapter of Urological Society of India.
- \*Please attach self-attested copies of documents for qualification and training in urology.

USI member: Yes / No

If yes, USI No.

Full / associate

Category of membership of North Zone Chapter applied for: Full / Associate\*

Membership fee (Life)<sup>■</sup>: INR. 5000/ +15% Service Tax (From 1st June 2016)= INR 5750/-

Overseas (excluding SAARC Countries) : US\$ 287.5/-

Details of payment : Cash / Demand Draft / Cheque No / Online Txn No..... Dated .....

Drawn on ..... (Please add Rs. 35/- for outstation cheques)

I declare that the information given above is correct and if elected, I agree to abide by the constitution of North Zone Chapter of the Urological Society of India.

If applying for full membership of the North Zone, I further declare that I am not a full member of any other zone of the USI and will relinquish full membership of the North Zone while applying for full membership of any other zone of the USI.

Date : .....

Signature : .....

Place : .....

Name : .....

Proposed by :

Seconded by :

Signature : .....

Signature : .....

Name : .....

Name : .....

Designation : .....

Designation : .....

USI No. ....

USI No. ....

(Sponsors should be full members of North Zone Chapter of USI)

**(For office use only)**

Date of acceptance of membership : .....

USI No. ....

NZC USI No. ....

Category—Full / Associate .....

Details of payment—Cash / draft / cheque Online Txn for Rs. (in words) .....

No. ....dated .....drawn on.....

**Note:**

\* Only full members of the parent body, USI, are eligible to become full members of Zonal Chapters. Full members of other zones can become associate members of North Zone. A member cannot be a full member of two different zones.

■ Only life membership is accepted.

@ The draft / cheque should be account payee and drawn in favor of 'North Zone Chapter-Urological Society of India', Payable in New Delhi