



UROLOGICAL ASSOCIATION OF UTTAR PRADESH

Nomination for the post of

Name of the Candidate

Mailing Address

UAU Membership Number

Proposed by

Signature

Full name

Mailing Address

UAU Membership Number

Seconded by

Signature

Full name

Mailing Address

UAU Membership Number

I hereby declare that, if elected, I agree to accept the Post of
..... of the UAU. I would abide by the rules and regulations and the
constitution of the UAU

Name of Candidate.....

Signature

UAU Membership Number.....

Date