

UROLOGICAL ASSOCIATION OF UTTAR PRADESH

APPLICATION FORM FOR MEMBERSHIP

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USI Membership No. _____ NZ USI No. _____

Category of Membership applied for: Full / Associate / Trainee / Conversion / International

Name

(Use Block Letters)

First Name

Middle Name

Surname

Permanent Address:

Address for Communication:

Pin Code _____

Pin Code _____

Mobile: _____

Tel. (Res.): _____

Tel. (Office): _____

Email _____

Date of Birth: _____

Qualifications:

Degree/Diploma

Date

Institution/University

Present Appointment & Designation:

Sponsors (Should be Full Members of the Urological Association of Uttar Pradesh)

1. Name: _____

Address: _____

Signature: _____

UAU No.: _____

2. Name: _____

Address: _____

Signature: _____

UAU No. : _____

I declare that the information given by me as above is correct and if elected, I agree to abide by the constitution of the **Urological Association of Uttar Pradesh**.

Place _____

Date _____

Signature of the applicant

Membership Fee:

Full Membership Fee	Rs. 4,000/-
Associate Membership Fee	Rs. 4,000/-
Trainee Membership Fee	Rs. 4,000/-
International Member	US\$ 100

For Office Use Only :

UAU membership Approved : Yes / No

Membership No. allotted: _____

Receipt no. : _____

Mode of Payment : Cash / Cheque / DD / Online

Details of Payment : _____

Signature with Official Stamp