

SOUTH ZONE UROLOGICAL SOCIETY OF INDIA
(ASSOCIATION SOUTHERN UROLOGISTS)

APPLICATION FORM FOR MEMBERSHIP

Name : Dr. _____

Qualification : _____ Date of Birth : ____/____/____

Residential Address :

Pin code : _____ Phone : _____ Email : _____

Clinic / Hospital Address :

Pin code : _____ Phone : _____ Email : _____

Membership applied for Full / Associate / Life Membership / membership of other associations

Awards / Prizes / Honors won :

Academic Activities :

Payment Details : Cash / DD / Cheque Amount : Dated :

Bank : _____ Branch : _____
(Please add Rs. 20 for Bank charges for cheques)

Signature :

Sponsored By : 1.

2.

DD/Cheque Payable to : ASSOCIATION OF SOUTHERN UROLOGIST'S AT CHENNAI

Completed forms to be mailed to :
Dr. Pitchai Balashanmugam, Dept. of Urology, Government General Hospital,
Madras Medical College, CHENNAI – 600 003.