

**ASSOCIATION OF SOUTHERN UROLOGISTS**  
**(SOUTH ZONE-USI)**

**APPLICATION FOR MEMBERSHIP**  
**(TO BE FILLED LEGIBLY IN BLOCK LETTERS)**

Type of membership applied for:	Full / Associate / Affiliated.
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Name
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Qualifications
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Date of birth
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Hospital Address with Pin Code
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Hosp. Ph: with area code
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Cell:
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Res. Address with Pin Code
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Res. Ph: with area code
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E mail:
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Signature
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Details of DD
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Proposed by  
(Signature, Name & Address)

SZ-USI No.

Seconded by  
(Signature, Name & Address)

SZ-USI No.

*(DD/Cheque should be in favour of Association of Southern Urologists payable at Chennai for Rs 5000.00  
You may also do a bank transfer here- Association of Southern Urologists, SBI, Park town branch, Account  
number no 10273424184, IFSC:SBIN001856. Please send the completed forms and DD/Cheque/Bank  
Transfer details to the Hon. Secretary, ASU)*