

Members are requested to fill in the following Membership Updation and Declaration Form and send immediately to the Hon.Secretary, ASU

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

Type of membership: Full /Associate / Affiliated.	SZUSI NO:
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Name

Qualifications

Date of birth

Hospital Address with Pin Code

Hosp. Ph: with area code

Cell:

Res. Address with Pin Code

Res. Ph: with area code

E mail:

Declaration

I declare that I am a qualified Urologist possessing DNB (Uro)/MCh (Uro)/ Others (specify.....) qualification and I had submitted/willing to submit, if required, the degree certificate of the above examination, to be considered as Full Member of the ASU

I declare that I have not yet passed DNB (Uro)/MCh (Uro)/Others (specify.....) degree examination and shall submit the degree certificate of the above examination, when available. Until such time I may be considered as Associate Member of ASU

I am a qualified Urologist engaged in active practice of Urology in areas other than South India and hence I may be considered as Affiliated Member of ASU.

Date.....

Place.....

Signature

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ADDRESS FOR COMMUNICATION

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