UROLOGICAL SOCIETY OF KASHMIR

(USK)

TO LEARN AND EDUCATE

APPLICATION FORM FOR MEMBERSHIP

PLEASE FILL THE FORM IN CAPITAL LETTERS

Category of Membership applied for: Full * / Trainee ** /

Name _____ Male / Female

(Use Block Letters — First Name / Middle Name / Surname)

Please paste your recent passport size photograph

Address for Correspondence _____

_____

_____

Pin Code _____ Mobile _____

Tel. (Res.) _____ Tel. (Office) _____

Email ID _____ Date of Birth _____

Qualifications (please attach a self-attested copy)

Degree / Diploma	Date (Passed)	Institution / University

Present Appointment & Designation

Training in Urology

#	Period of Training	Institution / Hospital
1.		
2.		
3.		
4.		

Recommended by two Full Members of USK

1. Name: _____ Address: _____ _____ Signature: _____ USK Membership No.: _____	2. Name: _____ Address: _____ _____ Signature: _____ USK Membership No.: _____

I declare that the information given by me above is correct, and if selected, I agree to abide by the constitution of the Urological Society of Kashmir (USK).

Place _____

Date _____

_____

Applicant's Signature

Membership Fee

Type of Membership	Fee
Full Member — Life (one-time)	INR 11,800
Full Member — Annual	INR 8,000 / year
Trainee Member	INR 11,800
Associate Member	INR 5,000 / year
Student Member	INR 2,000 / year

* Those who have completed MCh / DNB (Urology) are eligible to apply as Full Member. ** MCh / DNB (Urology) students are eligible to apply as Trainee Member.

Please submit the following, either by post/courier or in person:

1. Duly filled application form, submitted to the USK office at the address below.
2. Certified / self-attested copies of the degree / postgraduate certificate in Urology.
3. Online transaction receipt, or cheque / DD in favour of 'Urological Society of Kashmir', payable at Srinagar.
4. A valid photo ID (Aadhaar Card / Voter Card / Driving License / Passport).
5. J&K State Registration in Urology.

Dr Haamid Hassan, General Secretary
Urological Society of Kashmir (USK)
Sheikh-ul-Alam Hospital, Karan Nagar, Srinagar, Jammu & Kashmir – 190010
Email: usk.urology@gmail.com
Phone: +91 8803038394