UROLOGICAL SOCIETY OF KASHMIR

(USK)

TO LEARN AND EDUCATE

APPLICATION FORM FOR MEMBERSHIP CATEGORY CONVERSION

Membership No. _____

Please paste your recent passport size photograph

Name _____ Gender: M / F

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

Address for Correspondence _____

_____

Pin Code _____ Mobile _____

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

Email ID _____ Date of Birth _____

Qualifications (please attach a copy):

Degree / Diploma	Date	Institution / University

For Change of Membership Category (e.g. Associate to Full, Trainee to Full)

(Please fill the complete form above as well)

Membership No. _____ Present Category _____

Year of Joining USK _____ Reason for Change _____

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

Place _____

Date _____

_____

Signature of the Applicant

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

1. Duly filled Conversion Form
2. Certified / attested copies of the degree certificate
3. A valid photo ID (Aadhaar Card / Voter Card / Driving License / Passport)

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