



BENGAL UROLOGICAL SOCIETY

Registered Under West Bengal Act XXVI of 1961 Serial No. : S/IL/33104 OF 2005-06

Secretariat Address : 7, Rajani Mukherjee Road, Kolkata - 700 038, e-mail : mberabus@gmail.com, Website : www.bengalurologicalsociety.org

MEMBERSHIP APPLICATION FORM

Please Tick (✓) :

Life / Full

Life / Associate

NAME

(Please mention your full-name in block letters)

ADDRESS:

..... PIN

Tele (Resi) Tele (Off) Fax

Mobile No Email ID Date of Birth

Degrees / Diplomas

When Obtained

University / College

Present Appointment :

(For New Membership Application)

I intend to join the Bengal Urological Society as Life / Associate / Full Member and hereby enclose a Cheque / Cash of Rs. **payable to Bengal Urological Society**

Place

Date

Signature

Proposed by :

Seconded By :

Name

Name

Address.....

Address.....

Tele

Tele

I declare that the information given above is correct and if elected I shall be abide by the Memorandum of Association of Bengal Urological Society.

Place

Date

Signature

For Office Use only

Admitted on :

Category :

Signature