

Bangalore Urological Society Membership Application Form



Name: Age: Sex:

Degree: Hospital / Medical College:

KMC no:

Postal Address:

Phone:

Mobile:

Email:

Membership: Full member (F.M.)
(Circle appropriate one)

Associate member (A.M.)

Payment Options: Rs 1000 by Cash / Cheque / DD favoring "Bangalore Urological Society"

Or by NEFT details: Vijaya bank Account no: 120201010017730

Branch Name: South end road, Bangalore

IFSC Code: VIJB0001202 (please take a screen shot / Reference number of transaction and email to treasurerbus@gmail.com)

I am aware of the rules and regulations governing the Bangalore Urology Society.

I agree to abide by them, at all times, if elected as a F.M /A.M

Signature

Date : ____/____/20____