

**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) Associate member (A.M.)**  
**(Circle appropriate one)**

**Payment Options: Rs. 1000 by Cash / Cheque /DD favoring “ Bangalore Urological Society “**

**Or by NEFT details : BANK OF BARODA, A/C.No : 73980100004468**

**Branch Name : South End Road, Bangalore**

**IFSC CODE : BARBOVJSOUT [Fifth character is zero]**

**( Please take a screen shot / Reference number of**

**Transaction and email to [treasurerbus@gmail.com](mailto: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\_\_\_**