

## Registration Form

### Mock Exam at SGPPI, Lucknow, April 14th and 15th 2012

Name: \_\_\_\_\_

USI No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent address: \_\_\_\_\_  
\_\_\_\_\_

E mail id: \_\_\_\_\_ Mobile: \_\_\_\_\_

Course : MCh / DNB \_\_\_\_\_

Month & Year of joining: \_\_\_\_\_ Month & Year of final exam: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax : No: \_\_\_\_\_

E mail id of institution: \_\_\_\_\_

Name of Head of the Urology Department: \_\_\_\_\_

Whether Accommodation Required: Yes / No : \_\_\_\_\_

Registration fee of Rs. 1000/

Methods of Payment: ~~DD~~at par Cheque / Direct deposition of money in Bank

Cheque / DD should be drawn in favor of "The Urological Society of India" payable at Agra.

Cheque / DD details : No: \_\_\_\_\_ Date : \_\_\_\_\_

Drawn on which bank: \_\_\_\_\_

To deposit money directly in the bank Please deposit in HDFC bank, in the account of "The Urological society of India"  
Account number is 0871450000076 & Branch Kamlanagar Agra

Please email to Chairman BOE mentioning all details if money is deposited directly

DD, Cheque to be sent to

Dr. Joseph Thomas

Chairman Board of Education USI,

Dept of Urology

Kasturba Medical College Manipal, Karnataka 576104

Mobile : 099452 72294 Phone : 0820 2571538 (R) 0820 2922242 (O)

Email ID : chairmanboardofeducationusi@gmail.com

Note :

- 1) Accommodation will be provided from Educational Grant of USI on first come first serve basis at the designated hotels. Others will have to arrange for it themselves.
- 2) Forms should be sent to Chairman BOE by email.