

MEMBERSHIP APPLICATIONFORM

Please fix stamp To size recent The Secretary photograph **TAPASU** Sir, I hereby apply for enrolment as(a) Life (b) Full/ Affiliate /Associate member of TAPASU. 1. Name (in block letter) (Specify how your name should appear in Directory) 2. Date of Birth/age Sex: 3. Present position& Designation 4. Permanent address: Phone Res: Mobile 5. Present Address: E-mail: 6. Qualification(General/Urology) Degree Year of Passing College University 7. Experience in Urology/other specialities 8. If PG Student in Urology (a) Course : M.Ch.,/DNB (b) Period of Study (c) Institution (kindly add a bonafide certificate from the head of the department where you are undergoing the course) 9. Membership in other societies : Name of Society Category No. 1. 2.

3.

	I hereby decla	re that tl	ne above informati	on prov	rided is corre	ect and that I shall abide by the	
rules and regulations of TAPASU.							
Place:	· ·						
Date:						Signature of the applicant	
Proposed by (full member of TAPASU)					Seconded by (full member of TAPASU)		
Name	:				Name	:	
Addres	s :		Ad		Address	:	
Signatu	ıre :		Signature		:		
ELIGIBI	LITY TO BECOM	IE A MEN	1BER				
Full me	ember	:M.Ch., Urology/ DNB UROLOGY/ Equivalent degree from other Universities					
		approv	ed by TAPASU & p	racticin	g with in the	e states of Tamil Nadu and	
		Pondic	herry.				
Affiliate	e member	: Fully qualified Urologists practicing outside Tamil Nadu and Pondicherry.					
Associa	ate member	: Postgraduate students of Urology, other qualified practitioners of modern					
		medicine practicing Urology as full time/ part time and other faculty					
		members interested in field of Urology					
MEMBERSHIP FEE (Till further change) (Only Life membership is allowed)							
Life		:Rs. 4000/- (Rupees Four thousand only) for full, associate and affiliate					
		members.					
Payment fees		: Fully completed application form to be sent to the Hon. Secretary along					
,		with the fee in the form of a Demand Draft in favour of "TAPASU" or "Tamil					
		Nadu and Pondicherry Association of Urologists" payable at Chennai.					
Mode of Election		: Membership has to be approved by the Council/General body. The					
		Secretary shall intimate the applicant about the membership being					
		approved by the Council/General Body. In case the person is not admitted as					
		a member the fees paid shall be refunded.					
Please refer to the constitution for the rules and regulations of TAPASU and the rights of members.							
FOR OFFICE USE ONLY							
		ng the application :					
1.		_	•				
2.	Amount receiv	/ea	Rupees				
			Cheque/DD No.				
2	Date of I		Bank		/N!	Clair	
3.	-	ment in council/general body : Yes/No.				Status:	
_	Full/Associate,	/Affiliate					

4. Accepted Annual/Life

If No, reason:

5. Date of intimation sent :

6. Receipt Number :

7. Date of letter of Enrolment : 8. To be sent: Constitution :

ID Card : Directory :