



MEMBERSHIP APPLICATION FORM

To
The Secretary
TAPASU

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Sir,
I hereby apply for enrolment as a Life / Affiliate /Associate, member of TAPASU.

- 1. Name (in block letters) : _____
- 2. Fathers Name : _____
- 3. Date of Birth/Age : _____ Sex: _____
- 4. Present Position & Designation : _____
- 5. Permanent address:

City : _____ Pincode: _____
6. Correspondence Address:

Ph.Mobile:(1)
(2)
Landline:
E-mail:

City : _____ Pincode: _____

7. Qualifications (General/Urology):

Degree	Year of Passing	College	University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 8. TMC/MCI/Other State Registration No. & Year :
- 9. Urological Sub Specialties Qualification :
- 10. If PG Student in Urology: (Kindly attach bonafide certificate from the Head of the Department)
 - (a) Course : M.Ch./DNB
 - (b) Period of Study : From _____ to _____
 - (c) Institution :

- 11. Enclosures : (Photocopies)
 - 1. Address proof – Aadhar/Passport/Driving license/Others
 - 2. TMC/MCI/Other State Registration Certificate
 - 3. Degree Certificates

***A scanned or photocopy of the above form to be sent by email:- info.tapasu@gmail.com**

I hereby declare that the above information provided is correct 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:

TAPASU Membership No.:

TAPASU Membership No.:

Address:

Address:

Ph.:

Email:

Ph.:

Email:

Signature :

Signature:

Eligibility to become a member :

Full member : M.Ch.Urology/ DNB Urology/ Equivalent degree from other Universities approved by TAPASU & practicing with in the states of Tamil Nadu and Pondicherry.

Affiliate member : Fully qualified Urologists practicing outside Tamil Nadu and Pondicherry.

Associate member : Postgraduate students of Urology, other qualified practitioners of modern medicine interested in field of Urology

Payment Details

TAPASU Accounts Name	TN and Pandy Association of Urologists
Amount	Rs. 4000/- (Rupees Four thousand only):
Bank Name	State Bank Of India, Park Town, Chennai.
Savings Account No.	10273425199
IFSC Code	SBIN0001856
MICR	600002037
Account Holders Name	
UPI ID/NEFT Details	
Date of Transaction	
Branch / Bank	

Please refer to the constitution for the rules and regulations of TAPASU and the rights of members.

FOR OFFICE USE ONLY

1. Date of receiving the application :
2. Amount received : Yes / No
3. Receipt Number & Date :
4. Date of placement in council/general body :
(Full/Associate/Affiliate)
5. Approved : Yes / No. If No, reason
6. TAPASU Membership Confirmed No. :

Signature & Seal of Hony.Secretary