

UROLOGICAL ASSOCIATION OF KERALA

APPLICATION FOR MEMBERSHIP (TO BE FILLED LEGIBLY IN BLOCK LETTERS)

Type of membership applied for:	Full / Associate / Affiliated.
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Name

Qualifications

Date of birth

Hospital Address with Pin Code

Hosp. Ph: with area code

Cell:

Res. Address with Pin Code

Res. Ph: with area code

E mail:

Signature

Details of DD/Cheque

Proposed by
(Signature, Name & Address)

UAK No.

Seconded by
(Signature, Name & Address)

UAK No.

*DD/Cheque should be in favour of Urological Association of Kerala payable at Kottayam for Rs. 4000.00.
Please send the completed forms and DD/Cheque details to the Hon. Secretary, UAK.*