



UROLOGICAL SOCIETY OF INDIA WEST ZONE

Nomination form

Nomination for the post of: _____

Name of the Candidate: _____

Mailing Address: _____

USIWZ Membership Number : _____

Proposed by

Signature _____

Full name _____

Mailing Address _____

USIWZ Membership Number : _____

Seconded by

Signature _____

Full name _____

Mailing Address _____

USIWZ Membership Number : _____

Undertaking for Candidacy in the Council Election

Dear Sir/Madam,

I, Dr _____ a full member of the Urological Society of India West Zone, hereby submit my candidacy for the position of _____ in the upcoming council elections. In support of my application, I provide the following undertaking:

1. Membership Confirmation: I confirm that I have been a full member of the Urological Society of India West Zone for a minimum period of three (3) years. My membership number is _____
2. Commitment to Active Participation: I am committed to actively participating in the works and activities of the council under the direction of the President and Secretary. I shall fulfil my duties diligently and to the best of my abilities.
3. No Disciplinary Actions: I declare that I have no history of disciplinary actions within the urological society of India. I have always upheld the highest standards of integrity and professionalism.
4. Conflict of Interest Declaration: I confirm that I am not currently a member or member-elect of any of the following bodies:
 - Urological Society of India (USI) Council
 - USI Zonal Council
 - USI Sectional Council (Urolithiasis, Andrology, Uro-oncology, FFUS, Renal Transplant, Paediatric urology)
 - Chairman of YOU, WOU (Council members of YOU, WOU, ISU are eligible to apply)
 - Editor of IJU (Members of editorial board of IJU are eligible to apply)
 - Chairman and organising secretary of current year USIWZCON (Other members of the organising body are eligible)

I understand that holding any of these positions at the time of the start of the election (i.e., voting process) would disqualify me from contesting for the council post.

I hereby affirm that all the information provided in this undertaking is true and accurate to the best of my knowledge. I understand that any false declaration or failure to comply with the above criteria may result in the disqualification of my candidacy.

Thank you for considering my application.

Yours sincerely,

Name of Candidate _____

Signature: _____

USIWZ Membership Number: _____

Date : ____/____/____

Check List for Nomination Form

(Please tick against each line)

- | | | |
|----|--|-----|
| 1. | Duly filled nomination form | Yes |
| 2. | You are a full member of the Society | Yes |
| 3. | You have entered your membership number | Yes |
| 4. | You have signed the form | Yes |
| 5. | Your proposer & seconder are full members | Yes |
| 6. | Your proposer & seconder have signed the form | Yes |
| 7. | Membership numbers of proposer & seconder have been printed | Yes |
| 8. | Eligibility Criteria: | Yes |
| | 1. For the post of council member: any full member of USIWZ practicing urology in geographical jurisdiction of West Zone and who has been a full member of WZ for more than 3 years. | |
| | 2. For the post of president-Elect, Secretary-Elect, Treasurer-Elect: the candidate must have served as council member for at least one term. | |
| | 3. A member can contestant for only one post at a given time | |

Name of Candidate _____

Signature: _____

USIWZ Membership Number: _____

Date : ____/____/____