

Undertaking for the Council's post of the Urological Society of India (West Zone)

Date:

To, The Election officer

Urological Society of India (West Zone)

Subject: 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 fulfill 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, Urooncology, FFUS, Renal transplant, Paediatric urology)
 - Chairman of YOU, WOU, ISU, FFUS
 - Editor of IJU (Indian Journal of Urology)
 - Chairman and Organising secretary of current year WZUSICON and USICON

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,

[Signature]

Dr. _____

Address: _____