

WEST ZONE CHAPTER OF UROLOGICAL SOCIETY OF INDIA



Nomination for the post of

Name of the Candidate :

Mailing Address :

.....

.....

WZUSI Membership Number :

Proposed by

Signature :

Full name :

Mailing Address :

.....

.....

WZUSI Membership Number :

Seconded by

Signature :

Full name :

Mailing Address :

.....

.....

WZUSI Membership Number :

I hereby declare that, if elected, I agree to accept the Post of
..... of the WZUSI. I would abide by the rules and regulations and the
constitution of the WZUSI. Candidate and proposer should be full member of West zone

Name of Candidate.....

Signature

WZUSI Membership Number.....

Date