

36TH ANNUAL CONFERENCE OF NORTH ZONE CHAPTER OF UROLOGICAL SOCIETY OF INDIA

27TH - 29TH NOVEMBER 2026 | AMRITSAR

REGISTRATION FORM (PLEASE FILL IN CAPITAL LETTER)

Title: Prof. Dr. Mr. Ms. Mrs. Gender: Male Female

First Name: _____ Middle Name: _____ Last Name: _____

Institute/ Hospital: _____ Designation: _____

Postal Address: _____

City: _____ State: _____ Pin: _____ Country: _____

NZUSI/USI/ASSOCIATE MEMBER No.*: _____ Phone (Off.): _____

Phone (Res): _____ Mobile**: _____

E-mail**: _____

ACCOMPANYING PERSONS

	Age	Male	Female
1. Name.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Name.....	<input type="checkbox"/>	<input type="checkbox"/>

CONFERENCE REGISTRATION DETAILS

REGISTRATION FEE DETAIL

CATEGORY	USI MEMBER	AFFILIATE MEMBER	ACCOMPANYING <small>Above 6 yrs of age will be chargeable.</small>	PG STUDENT
14 th Nov 2025 - 16 th Nov 2025 <input type="checkbox"/>	5500 <input type="checkbox"/>	5500 <input type="checkbox"/>	5000 <input type="checkbox"/>	5000 <input type="checkbox"/>
17 th Nov 2025 - 31 st Jan 2026 <input type="checkbox"/>	6500 <input type="checkbox"/>	6500 <input type="checkbox"/>	6500 <input type="checkbox"/>	5500 <input type="checkbox"/>

***Amount including Gst.**

I am enclosing herewith details of Cheque/Demand Draft/Online Payment.....dated.....of Rs.....

(in words:.....only) drawn on bank.....

.....In favour of **"North Zone Chapter of The Urological Society of India NZUSICON 2026"** payable at **AMRITSAR**

**Membership number is mandatory.*

***Please mention mobile number and mail ID for better communication.*

**** PG Student/ Resident should attach a certificate from their Head of Department/ Institution.*

Signature _____

BANK DETAILS OF NZUSICON 2026

Account Name: NORTH ZONE CHAPTER OF THE UROLOGICAL SOCIETY OF INDIA

A/C No : 659301701196

IFSC CODE : ICIC0006593

Name of Bank : ICICI BANK

Branch : AMRITSAR - GOPAL NAGAR

For office use only Receipt No.: _____ Reg No. _____

Registration Helpline Number :

CONFERENCE SECRETARIAT

Dr. Gurpreet Bhangu (Organising Secretary)
Address : City Hospital, Plot No 18, Green Field Majitha Road, Amritsar
Email : nzusicon2026@gmail.com
Mob. : +91 95697 39025