



# Uttar Pradesh Sonological Association

**Correspondence Address:** Administrative Officer U.P.S.A.,  
Shivangi Clinic Building, Wazidpur Dakshini, Jaunpur (U.P.)  
**Call:** +91-7080088383 **Write to us:** upsonoasc@gmail.com  
**Facebook:** www.facebook.com/upsaho  
**Website:** www.upsa.in



## Annual Membership Application Form

Valid only for one year

(All Detail to be filled in Block Letters)

Membership Proposed By	Dr.
District	Date

To,  
The Honorary Secretary  
Uttar Pradesh Sonological Association

Dear Sir,

I hereby apply to be enrolled as a Annual member of the Uttar Pradesh Sonological Association (UPSA) through under the District.....

Member's Name (as per MCI/SMC Certificate; IN BLOCK).....

Father/Husband's Name	Date of Birth
Correspondences Address (Clinic/Hospital/Residence)	
Email Id	
Cell Phone No.	Cell Phone No. with WhatsApp
Tel.(1) (Res/Clinic/Hospital)	Tel.(2)(Res/Clinic/Hospital)
Qualification	M.B.B.S.
College	Diploma/Post Graduation
University	

Designation (Practice/Job)
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Registration Details (Required photocopy of below with application)	
1.	Registration No. of Uttar Pradesh Medical Council:
2.	C.M.O. Registration No:
3.	P.C.-P.N.D.T. Registration No:

I declare that I am registered with Uttar Pradesh State Medical Council/MCI. I certify that all details/documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled and the fee paid by me to Uttar Pradesh Sonological Association will be liable to be forfeited by them. I here give undertaking that I am not involve in sex determination or female foeticide & honestly doing my services for humanity with moto every life matter. I shall abide by the Rules and Regulation of Uttar Pradesh Sonological Association.	Signature of Applicant
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Certified that I have verified the qualifications and registration of the applicant and his eligibility as per rules of Uttar Pradesh Sonological Association for being enrolled as member of Uttar Pradesh Sonological Association	Signature & Stamp of Hony. Secretary Uttar Pradesh Sonological Association
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### Bank Details

Uttar Pradesh Sonological Association  
**A/c No:** 510101005666863, **Union Bank of India**, Wazidpur, Jaunpur, Uttar Pradesh  
**IFSC Code:** UBIN0931837, **MICR Code:** 222026006

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Uttar Pradesh Sonological Association  
**A/C No:** 50200020847002, **HDFC BANK**, Mirzapur Branch, Uttar Pradesh  
**IFSC Code:** HDFC0001912, **MICR Code:** 231240002

**Permanent Account Number - AAAAU8439N**

**Fee Details:** Individual ₹2500/- (Rupees Two Thousand & Five Hundred)

Note: Annual Membership will commence only after it is approved and confirmed by the Hony. Secretary, Uttar Pradesh Sonological Association. Annual Membership will be valid for one year from date of receiving payment. Mode of payment through A/C Payee Cheque or N.E.F.T. No Cash payment will be accepted by District Representative or Individual Member.

# For Annual Membership Terms & Condition applied as per U.P.S.A.bylaws.