



INDIAN SOCIETY OF ONCOLOGY

Registration SL no. 411 of 2010

Membership Application Form

Please affix
Passport Size
Photo

PERSONAL DETAILS

Name: _____ Surname: _____ First Name: _____ Middle Name: _____
 Date of Birth: _____ / _____ / _____ Gender: Male Female Nationality: _____
 Mobile: _____ Email: _____

PROFESSIONAL DETAILS

Present Designation: _____
 Speciality: _____
 Name of the Institute / Hospital: _____
 Experience: _____
 Percentage of Oncology Work: 10-20 % 20-40 % 50-60 % 100 %
 Research in Oncology: _____
 Papers Published and Presented: _____

MAILING ADDRESS

PIN: _____ City: _____ State: _____ Country: _____

For : Life Member Rs. 5932 / + 1068 (18% CGST, SGST) = **Total Rs. 7000/-**

Date: _____ / _____ / _____

Signature: _____

PAYMENT PARTICULARS

Cheque or DD should be drawn in favour of "Indian Society of Oncology" Bank Name: HDFC Bank
 Account Number: 50200101492302 IFSC Code: HDFC0005041 Branch: TRP Mall Main BRTS Road, Bopal, Ahmedabad - 380058

Cheque/DD No.: _____ Dated: _____ / _____ / _____ Amount: _____ Bank: _____

If you are paying through NEFT, kindly send your scanned membership form along with NEFT payments details on below ISO mail ID Email : honsecretaryiso@gmail.com

Address:

Dr. Hemant Malhotra
 President, Indian Society of Oncology
 Director, Oncology Services, Sri Ram Cancer & Super-speciality Center &
 Professor & Head, Dept. of Medical Oncology, Mahatma Gandhi University
 of Medical Sciences and Technology, Sitapura, Jaipur
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 Cancer Institute (WIA) Chennai, Adyar
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Office Use

Membership No: _____

Full Associate: _____

Approval : YES / NO

Dr. Hemant Malhotra