



# INDIAN SOCIETY OF ONCOLOGY

Please affix  
Passport Size  
Photo

Registration SL no. 411 of 2010

## Membership Application Form

### 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](mailto: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  
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**Dr. Arvind Krishnamurthy**  
**Honorary Secretary**, Indian Society of Oncology,  
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### Office Use

Membership No: \_\_\_\_\_  
Full Associate: \_\_\_\_\_

Approval : YES / NO

Dr. Hemant Malhotra