



INDIAN SOCIETY OF ONCOLOGY

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Membership Application Form

PERSONAL DETAILS

Name: _____
Surname First Name Middle Name
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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: _____

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

For : Life Member / Associate Member Rs. 3300/-
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Date: ____/____/____ Signature: _____

PAYMENT PARTICULARS

Cheque or DD should be drawn in favour of "Indian Society of Oncology" Bank Name - Central Bank of India
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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

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Office Use

Membership No: _____
Full Associate: _____

Approval : YES / NO

Dr. Dinesh Pendharkar