

ONCOLOGY FORUM**(Reg No.0676/2012 Act XXI 1860)**

MEMBERSHIP APPLICATION FORM

Please Paste a recent colored photograph and attach a spare copy of the photograph with your signature on its back.

For Office Use Only

Membership No. _____ Date: ___/___/_____

Membership approved /not approved: _____

The Secretary

ONCOLOGY FORUM, New Delhi

Kindly enroll me as a Life member of the ONCOLOGY FORUM. I am submitting the membership form and subscription fee of Rs. 3000/- (Three Thousand only) towards membership registration; vide crossed demand draft/cheque no. _____ drawn on _____ dated _____ in favor of 'ONCOLOGY FORUM'.

I undertake to abide by the rules and regulations as laid in the constitution of ONCOLOGY FORUM.

1. Name in Full: FIRST _____ MIDDLE _____ LAST _____
2. Date of Birth: _____ Sex _____ Nationality _____
3. Email address: _____ Mobile no.: _____
4. Academic Qualifications: _____

	Examination Passed (Last three)	College / University	Year
1			
2			
3			

5. Medical Regn. No _____ Date _____ Regn. Council _____ MCI No: _____

6. Membership of IASO/ISO/AROI/ISMPO & Membership No. _____

7. Membership of any other National/ International Oncology body: _____

8. Residence Address: _____

_____ PIN _____ Telephone _____ Fax No _____

9. Hospital/Office: _____

_____ PIN _____ Telephone _____ Fax No _____

10. Permanent Address: _____

_____ PIN _____ Telephone _____ Fax No _____

11. Preferred mailing address: Residential/ Hospital/ Permanent.

12. Area of work: Surgical/ medical/ radiation/ pathology/ radiology/ epidemiology/ preventive or _____

13. Area of interest (any two regions) _____

14. Oncology constitutes what % of your work <25%/ 25-50%/ >50%/ 100%. _____

15 Signature: _____ Date _____

Send to: Dr. Harit Chaturvedi B – 38 3rd Floor Greater Kailash 1, Delhi 110048 , Phone number - 42334196