



Indian Society of Medical & Pediatric Oncology

Sapna Koli, EA to Hon. Secretary, ISMPO, PS-305, CRC Bldg., ACTREC-TMC, Sector 22, Kharghar – 410210, Navi Mumbai, India; Tel. 91-22-27405033 Email: ismposecretary@gmail.com and sudeepgupta04@yahoo.com

President:

Dr GS Bhattacharyya
Kolkata

Membership Application Form

First Name _____ Middle Name _____ Last Name _____

President Elect:

Dr. AA Ranade
Pune

Age _____ Sex _____ Date of Birth _____

Address (Res.) _____ Address (Clinic/ Office) _____

Vice President

Dr Hemant Malhotra
Jaipur

Past President:

Dr Purvish Parikh
Mumbai

City _____ City _____

State _____ State _____

Secretary:

Dr Sudeep Gupta
Mumbai

Pin _____ Pin _____

Tel: _____ Tel: _____

Joint Secretary:

Dr. Vijay Patil
Mumbai

Mobile: _____ email: _____

Institution/ Hospital Affiliations (Teaching/ Non teaching) _____

Treasurer:

Dr K Govind Babu
Bangalore

Title: _____

Members :

Qualifications and year of acquiring it: _____

Dr. Shailesh Bondarde
Nashik

Preferred Address for Correspondence: Home/ Office/ Clinic (please specify one)

Dr Suresh Babu
Bangalore

Life Membership (India) fee of Rs. 5000/- to be sent by cheque or demand draft in favor of "Indian Society of Medical and Pediatric Oncology" payable at Mumbai.

Dr K Prabash
Mumbai

Annual Foreign Membership fee is USD \$ 100, include subscription to Indian Journal of Medical & Pediatric Oncology (postage out of India will be extra on actual).

Dr Manish Singhal
Delhi

Member fees are enclosed as cheque (Account payee only) or a demand draft (including Rs. 25/- processing fee) number _____ date _____

Dr Randeep Singh
Delhi

Drawn on _____ for Rs. _____

Dr Rejiv Rajendranath
Chennai

In the favor of "Indian Society of Medical and Pediatric Oncology" and payable at Mumbai.

Dr Ashok Vaid
Delhi

1. I am aware that only medical oncologists are eligible for full membership.
2. I understand that submission of the membership application form and the membership dues does not automatically make me eligible to be a member. Decision of the executive committee and General Body of ISMPO will be final and binding
3. I agree to comply with and uphold ISMPO constitution and byelaws
4. Continuation of membership will require my ongoing commitment and active contribution to the activities of ISMPO

Dr Ravi Mohan
Vizag

Signature _____ Date: _____ Place: _____

Editor:

Dr Bhawna Sirohi
Bangalore

Proposed by: _____ Seconded by: _____

Date: _____ Date: _____