**Membership Application Form**

**First Name\_\_\_\_\_\_\_\_\_\_\_ Middle Name\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_**

**Age\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_**

**Address (Res.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (Clinic)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution/ Hospital Affiliations (Teaching/Non-Teaching) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Qualification and year of acquiring of it\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Life Membership (India) fee of Rs. 5000/- to be paid by NEFT

**NEFT Transaction Details**

HDFC Bank

Account Name: Indian Society of Medical and Paediatric Oncology Account No: 50200001602442

Address: 386, Veer Savarkar Marg,Opp Siddhivinayak Temple,Prabhadevi, Mumbai – 400025  
RTGS / NEFT IFSC : HDFC0000012

Date of transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NEFT Transaction ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment Required: DM/DNB Oncology Certificate

Email the membership form, transaction details along with degree certificate  
on [**ismposecretary@gmail.com**](mailto:ismposecretary@gmail.com)

1. I am aware that medical & paediatric 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 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
5. I hereby confirm that the attached certificate provided along with this application  
   is genuine

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seconded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_