The Indian Society of Medical and Paediatric Oncology
A Trust registered at New Delhi
Dr. Kumar Prabhash, Hon. Secretary, ISMPO.
Secretariat Office: Room No. 22, Floor - 2, Plot-148, Rangwala Building,
Saint Paul Street, Near HindmataTalkies, Dadar (E)
Ph: +91-8097597486 / 7977531764 | Email: ismposecretary@gmail.com and kprabhash1@gmail.com
Registration under section12A: Unique Registration Number. AACTT2052PE20218
Registration under section 80(G) of the Income Tax: Unique Registration Number. AACTT2052PF20133
Registration under Goods and Service Tax : GSTIN : 27AACCT2052P1Z3

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/DBN Oncology Certificate
Email the membership form, transaction details along with degree certificate on
ismposecretary@gmail.com

Website: http://www.ismpo.org/
For Journal related correspondence: editor@ijmpo.org or editorijmpo@gmail.com or
https://www.ijmpo.org
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: ___________________