



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: ismpossecretary@gmail.com and kprabhash1@gmail.com

Registration under section 12A: Unique Registration Number. AACTT2052PE20218

Registration under section 80(G) of the Income Tax: Unique Registration Number. AACTT2052PF20133

Registration under Goods and Service Tax : GSTIN : 27AACTT2052P1Z3

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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 ismpossecretary@gmail.com

• Website: <http://www.ismpo.org/>

• For Journal related correspondence: editor@ijmpo.org or editorijmpo@gmail.com or
<https://www.ijmpo.org>

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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: _____

• Website: <http://www.ismpo.org/>

• For Journal related correspondence: editor@ijmpo.org or editorijmpo@gmail.com or
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