



# Indian Society of Medical & Pediatric Oncology

C/o: Mr. Rohan Mane, EA to Hon. Secretary, ISMPO

Room No.: 22, Floor-2, Plot-148, Rangwala Building, Saint Paul Street, Hindmata, Dadar (E), Mumbai - 400014, India

Ph: +91-8097597486 / 7977531764 Email: ismpossecretary@gmail.com and kprabhash1@gmail.com

## Membership Application Form

**President:** Dr. Sudeep Gupta  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Past President:** Dr. Govind Babu  
Address (Res.) \_\_\_\_\_ Address (Clinic/ Office) \_\_\_\_\_

**President Elect:** Dr. Maheboob Basade  
City \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ State \_\_\_\_\_

**Vice President:** Dr. B. K. Smruti  
Pin \_\_\_\_\_ Pin \_\_\_\_\_  
Tel: \_\_\_\_\_ Tel: \_\_\_\_\_

**Secretary:** Dr. Kumar Prabhash  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Joint Secretary:** Dr. Jyoti Bajpai  
Institution/ Hospital Affiliations (Teaching/ Non Teaching) \_\_\_\_\_

**Treasurer:** Dr. Bhawna Sirohi  
Title: \_\_\_\_\_  
Qualifications and year of acquiring it: \_\_\_\_\_

**Members:**  
Dr. Senthil Rajappa  
Dr. Bhavesh B. Parekh  
Dr. Shyam Aggarwal  
Dr. Shona Nag  
Dr. Krishna Kumar Rathnam  
Dr. Manish Kumar  
Dr. Priya Tiwari  
Dr. Anita Ramesh  
Dr. Vinayak Maka

**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 Pediatric 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**

**Editor-In-Chief:** Dr. Padmaj Kulkarni  
Email the membership form, transaction details along with degree certificate on [ismpo.secretary@gmail.com](mailto:ismpo.secretary@gmail.com)



# Indian Society of Medical & Pediatric Oncology

C/o: Mr. Rohan Mane, EA to Hon. Secretary, ISMPO

Room No.: 22, Floor-2, Plot-148, Rangwala Building, Saint Paul Street, Hindmata, Dadar (E), Mumbai - 400014, India

Ph: +91-8097597486 / 7977531764 Email: ismpossecretary@gmail.com and kprabhash1@gmail.com

---

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
5. I hereby confirm that the attached certificate provided along with this application is genuine

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

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

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