



# Indian Society of Medical & Pediatric Oncology

c/o: Ms. Manisha, EA to Hon. Secretary, ISMPO

Empire Clinic, 3rd Floor, Natasha Building, Hill Road, Bandra West, Mumbai- 400 050, India. Ph: +91-7977597270

Email: ismpossecretary@gmail.com and drsmruti20126@gmail.com

## Membership Application Form

**President:**

Dr. Govind Babu

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

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

Address (Res.) \_\_\_\_\_ Address (Clinic/ Office) \_\_\_\_\_

**Past President:**

Dr. Hemant Malhotra

\_\_\_\_\_

\_\_\_\_\_

**President Elect:**

Dr. Sudeep Gupta

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ State \_\_\_\_\_

**Vice President:**

Dr. Maheboob Basade

Pin \_\_\_\_\_ Pin \_\_\_\_\_

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

**Secretary:**

Dr. B. K. Smruti

Mobile: \_\_\_\_\_ email: \_\_\_\_\_

**Joint Secretary:**

Dr. Randeep Singh

Institution/ Hospital Affiliations (Teaching/ Non teaching) \_\_\_\_\_

\_\_\_\_\_

**Treasurer:**

Dr. K. Prabhash

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

**Members:**

Dr. G. S. Bhattacharya

Dr. Suresh Babu

Dr. Padmaj Kulkarni

Dr. S. D. Banavali

Dr. Jyoti Bajpai

Dr. Senthil Rajappa

Dr. Bhavesh B. Parekh

Dr. Rushabh Kothari

Dr. TVSVGK Tilak

Dr. M. V. Chandrakanth

Dr. Bharatsinha Bhosale

Dr. Lalit Mohan Sharma

Qualifications and year of acquiring 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 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.member@gmail.com**



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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: \_\_\_\_\_