



INDIAN SOCIETY OF ONCO REHABILITATION

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Membership Application Form

PERSONAL DETAILS

Name: _____

Date of Birth: ____/____/____ Gender: Male Female Nationality: _____

Mobile: _____ Email: _____

PROFESSIONAL DETAILS

Present Designation: _____

Speciality: _____

Name of the Institute / Hospital: _____

Experience: _____

Percentage of Oncology Work: 10-20 % 20-40 % 50-60 % 100 %

Research in Oncology: _____

Papers Published and Presented: _____

MAILING ADDRESS

PIN: _____ City: _____ State _____ Country: _____

For: Life Member ₹3 000 (voting rights, can contest elections) Associate

Member ₹1000, (for students/scholars, no voting rights)

Date: ____/____/____

Signature: _____

PAYMENT PARTICULARS

Cheque or DD should be drawn in favour of "Indian Society of Onco Rehabilitation" **Bank Name:** Union Bank of India **Account Number:** 149712010002354 **IFSC Code:** UBIN0814971 **Branch:** Madhya Kailash

Cheque/DD No.: _____ Dated: ____/____/____ Amount: _____ Bank: _____

If you are paying through NEFT or UPI, kindly send your scanned membership form along with payment details to isor2025@gmail.com and via WhatsApp to 9003702163

Address:

Dr. M.S. Satish

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Mobile: +91 9840136936
Email: s.vijay@cancerinstitutewia.org

Office Use

Membership No: _____

Approval : YES / NO

Dr. M.S. Satish