Registered under the Tamilnadu Societies Registration act, 1975 (Tamil Nadu act 27 of 1975)

INDIAN SOCIETY OF ONCO-REHABILITATION

Please affix Passport Size Photo

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: 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
President, Indian Society of Onco-Rehabilitation
Mobile: +91 9841423114
Email: isor2025@gmail.com

Treasurer, Indian Society of Onco-Rehabilitation
Cancer Institute (WIA)
Room 7 & 8, Department of Physiotherapy
Bhagwan Adinath Jain Complex, Dr. S. Krishnamurthy Campus, Adyar, Chennai
Mobile: +91 95661 96168 | Email: isor2025@gmail.com

Office Use

Membership No: _____

Approval : YES / NO

Dr. Srinivasan Vijay, Secretary