

## ASSOCIATION OF RADIATION ONCOLOGIST OF INDIA

(Regd. No.458-Act XXI 1860)

## **Membership Application Form**

	For Central Office Use Only		
	Membership No Date:		
Paste a recent Colored Photograph and attach			
one spare photograph			
with self-signature on			
its back.	Amount of subscription Received:		
	Membership Status: Approved / Not Approved		
AND THE PERSON OF THE PERSON O	e Member Overseas Member Trade Member of the association.		
	Ilment and subscription fee of INR ₹ / USD \$		
	SD \$ in words		
	dy is in INR ₹ 7,800. (Seven Thousand Eight Hundred) & in USD \$200		
ee can be paid By <b>Demand D</b>	Oraft or Deposit within Bank (email us receipt or transfer details)		
Drawn on:	Carrette 1000 cant 110: 05000 4040 10		
lly particulars as follows:			
. Name:			
First Name :			
Middle Name:	तसका मा ज्या तिकारया		
Surname:			
. Date Of Birth:	3. Sex:		
THE SCHOOL SECTION SEC	<u> </u>		
or trocom Doorgmanom			
6. Mailing Address:			
Office Address:			
Office Telephone:			
Correspondence Address:			
Permanent Address:			
Email Id:	Mobile:		

Examination Passed		
	University/ institution	Year
Any Achievement's:		
Year	Particulars	
(A.15516)		
	AND THE PARTY OF T	
Date:/	Signature:	
We propose and second Dr/	Mr/ Ms.	for
enrollment as a Life / Overse	as /Trade Member of the association of AROI for more	than 3 Years.
Proposed by:	Signature:	
Membership No.	D	
Membership No.		
	Recommendation of State / Zonal Chapter	
	तसस्य मा ज्यक्तिमाय	Fulfil this criteria la
Certified that Dr/Mr/Ms		Fullil tills Criteria lai
	DI. He /She has been enrolled as Life/ Overseas/ Trade	
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\*\* Please send the Complete scan copy of form and DD / NEFT /Deposit Receipt on email: secretaryaroi@gmail.com or vsrinivasan09@gmail.com

Correspondence address:

Dr.V.Srinivasan, Secretary General AROI,

MIOT International Hospital,

No.4/112, Mount Poonamallee Road, Manapakkam, Chennai-600089.

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