



ASSOCIATION OF RADIATION ONCOLOGISTS OF INDIA

(Regd. No.458-Act XXI 1860)

Membership Application Form

Paste a recent Colored Photograph and attach one spare photograph with self-signature on its back.

For Central Office Use Only

Membership No. _____ Date: ____/____/____

Type of Membership: _____

Membership through: _____ Chapter of AROI

Amount of subscription Received: _____

Membership Status: Approved / Not Approved

The Secretary General
Association of Radiation Oncologists of India
Chennai, TN

Kindly enroll me as a Life Member Overseas Member Trade Member of the association.

I am enclosing herewith the enrollment and subscription fee of INR ₹ / USD \$ _____.

Fee Details: Amount INR ₹ / USD \$ _____ in words _____

Registration Fee for central body is in INR ₹ 10,000 (Ten Thousand Incl. of taxes) & in USD \$200

Fee can be paid by **DD / Online Transfer** (mention your name while making online payment)

Demand Draft No. _____

Dated: _____

Drawn on: _____

Transaction ID for Online Transfer : _____

Account Name: **Association of Radiation Oncologists of India (AROI)**

Current Account No: **39535464615**

IFSC Code: **SBIN000731**

Bank Name: **State Bank of India**

Address: **Millerganj Ludhiana, Punjab**

My particulars as follows:

1. Name:

First Name :																				
Middle Name:																				
Surname:																				

2. Date Of Birth:

3. Sex:

4. Nationality : _____

5. Present Designation: _____

6. Mailing Address:

Current Institute's name :		
Address :		
Permanent Address :		
Email Id :		Mobile :

7. Publication: _____

8. Area Of Interest: _____

9. Qualifications: (Graduation Onwards):

Examination Passed	University/ institution	Year

10. Any Achievement's:

Year	Particulars

Date: ____ / ____ / ____

Signature: _____

We propose and second Dr/ Mr/ Ms. _____ for enrollment as a Life / Overseas /Trade Member of the association of AROI for more than 3 Years.

Proposed by: _____ Signature: _____

Membership No. _____

Recommendation of State / Zonal Chapter

Certified that Dr/Mr/Ms _____ Fulfil the criteria laid down for membership of AROI. He /She has been enrolled as Life/ Overseas/ Trade Member Of _____ Chapter of AROI vide Membership No. _____. It is recommended that he/she may be enrolled as member of AROI.

Seal & Date

Signature / Endorsement of Chapter Secretary

Note: * This form must be submitted to the office of Secretary General duly proposed and seconded with the Recommendation of the chapter Secretary.

** Forms not duly proposed, seconded / endorsed will not be accepted

** Please note only crossed DD / NEFT / Bank Deposit will be accepted

** Please send the duly filled form along with the payment receipt on - **secretaryaroi@gmail.com**

Correspondence address:

Dr. V. Srinivasan, Secretary General - AROI,
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