



Indian Society of Neuro-Oncology

Website: www.isno.in

THE INDIAN SOCIETY OF NEURO-ONCOLOGY

1129, 11th Floor, Homi Bhabha Block, Tata Memorial Hospital,
Dr. Ernest Borges Road, Parel, Mumbai - 400 012, Maharashtra, India
Tel. 022-24177153 | Mob. no.: +91 9029531136 | Fax: 022-24154005

ISNO MEMBERSHIP APPLICATION FORM

Name (In Full) :

Father's / Husband's Name :

Date of Birth (attach proof) :

Qualifications (attach copy) :

Institution & Year of passing :

Designation :

Area of Specialization :

Mailing Address :

.....

Pin : Tel. No. : Fax No. :

Mobile No. : 1) 2)

E-mail id. : 1)
2)

Hosp./Inst./Clinic Address :

.....

Pin : Tel. No. : Fax No. :

Details of previous membership of ISNO, if any :

.....

Please affix recent passport size photograph and send one more photograph with this form.

MEMBERSHIP DUES

Membership Subscription (Please Enter Amounts)

- Life Member (Rs 7500/-)
- Associate Member (Rs 2500/-)
- Corporate Member
- NGO member

Admission Fee : Rs

Bank Charges : Rs

Nature of Payment (Cash/MO/Cheque/DD/NEFT)
(NEFT Details:

Name: The Indian Society of Neuro Oncology
Bank: ICICI Bank, Maratha Mandir Branch,
A/c No: 003601028686, IFSC: ICIC0000036)

- Amount :
- Cheque/DD No.:
- Drawn on :
- Date :

Remarks by Secretary / Treasurer

DECLARATION

I, (Full Name) being enrolled as Life / Associate / Honorary / Corporate / NGO member of “The Indian Society of Neuro - Oncology” and agree, if enrolled, confirm in all respects to the Rules & Bye-laws of the Society now existing or such Rules and Bye-Laws which may hereinafter be made or altered.

I declare that, I am engaged actively in the practice of specialty of NeuroOncology in one or more of its fields (Please mention here below, which specific field)

.....

Date : Place : Signature of Applicant :

Proposed By: (Member of ISNO)

Seconded By: (Member of ISNO)

Name :

Name :

Folio No. :

Folio No. :

Signature :

Signature :

Address :

Address :

RECOMMENDATION OF THE SECRETARY, ISNO

I declare that He / She fulfils the conditions, and may be enrolled as Life / Associate / Honorary / Corporate / NGO Member of the ISNO.

Signature of Secretary of ISNO



ISNO MEMBERSHIP APPLICATION FORM

FOR ISNO OFFICE USE ONLY

Name:.....has enrolled as Life/ Associate/ Honorary/ Corporate/ NGO Member of “The Indian Society of Neuro - Oncology.” Folio No. :

Receipt No :

Dated :

General Secretary, ISNO

Kindly send the duly filled registration form along with Cheque/ DD/ NEFT Payment Receipt to:

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