

THE INDIAN SOCIETY OF NEURO-ONCOLOGY
APPLICATION FOR MEMBERSHIP

1129, 11th Floor, Homi Bhabha Block, Tata Memorial Hospital, Dr. Ernest Borges Road, Parel, Mumbai – 400 012, Maharashtra, India
Tel. 022-24177153, Fax: 022-24154005

E-mail:

Website: www.isno.in

Folio No. (do not fill)

Name (In Full)		Please affix recent passport size photograph and send one more photograph with this form.
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. Fax Mobile:	
E-mail id	1.	
	2.	
Hosp./Inst./Clinic Address		
	Pin	
	Tel: Fax:	
Details of previous membership of ISNO, if any		

MEMBERSHIP DUES

Membership Subscription (Please Enter Amounts)	Nature of Payment (Cash/MO/Cheque/DD)
Life Member (Rs 3500/-) _____	Amount _____
Associate Member (Rs 1,000/-) _____	Cheque/DD No. _____
Corporate Member _____	Drawn on _____
NGO member _____	Date _____
Admission Fee = Rs.	
Bank Charges = Rs.	Remarks by Secretary / Treasurer

Please make the payment by Demand Draft only in the name of 'The Indian Society of NeuroOncology' for Rs. **3500.** payable at Mumbai and mail it to the Secretary, The Indian Society of NeuroOncology', Mumbai. Please attach proof of your Qualification, Registration and your Age.
Pl add Rs 100/ as bank charges for outstation cheques. Thank you.

DECLARATION

I, (Full Name) _____ being enrolled as Life/Associate/Honorary/Corporate/NGO member of 'Indian Society of NeuroOncology ' 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)

Name _____

Folio No. _____

Signature _____

Address _____

Seconded By: (member of ISNO)

Name _____

Folio No. _____

Signature _____

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

FOR ISNO OFFICE USE ONLY

Enrolled as Life/Associate/Honorary/Corporate/NGO Member of 'Indian Society of NeuroOncology.'

Name. _____

Folio No. _____

Receipt No. _____

Dated _____

General Secretary, ISNO