

## 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 :

## BANK DETAILS

Account Name: **AROI-ICRO**

Current Account No: **39535445525**

IFSC Code: **SBIN0000731**

Bank Name: **State Bank of India**

**Address: Millerganj Ludhiana, Punjab**

**My particulars as follows:**

1. Name:

[illegible]

**2. Date Of Birth:**

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**3. Sex:**

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**4. Nationality :**

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**5. Present Designation:**

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**6. Mailing Address:**

<b>Current Institute's name :</b>		
<b>Address :</b>		
<b>Permanent Address :</b>		
<b>Email Id :</b>		<b>Mobile :</b>

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:**

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