



Membership Form

North Zone

Association of Radiation Oncologists of India

Photo

NAME: _____

AGE/ SEX: _____ AROI LM NO.: _____

QUALIFICATION: _____

CURRENT DESIGNATION: _____

PROFESSIONAL ADDRESS: _____

HOME ADDRESS: _____

MARITAL STATUS: _____ SPOUSE NAME: _____

KIDS (NAME & AGE): _____

PH. NO. _____ EMAIL ID: _____

For the membership towards AROI, the membership of chapter is the must and for the same.
Kindly transfer the amount of **Rs 2500 for north zone membership** at the following details:

Account name : N Z AROI
ACCOUNT NUMBER : 31632634858
IFSC code : SBIN0050866
MICR : 151002108

Medical Campus Branch, Sadiq Road, Faridkot, Punjab

Transfer online and send details at nzaroisecretary@gmail.com

And whatsapp screenshot at **96463-66555**

For **ARO membership**, download the latest membership form from www.aroi.org and fill it and submit **10000 Rs** fee for the same as written on the AROI form and send me filled form too.

After depositing the fee

Send me

1. Filled AROI form pdf

2. 10000 Fee deposit screenshot

3. 2500 Fee deposit screenshot

At **96463-66555** and nzaroisecretary@gmail.com

Secretariat Address:

Dr. Pardeep Garg
Professor and Head,
Department of Radiation Oncology,
Guru Gobind Singh Medical College & Hospital,
Faridkot – 151203, Punjab

Membership form for NZAROI and AROI can be downloaded from www.nzaroi.org and

ARO form can be downloaded at www.aroi.org