

ASSOCIATION OF RADIATION ONCOLOGIST OF INDIA

(Regd. No.458-Act XXI 1860)

Membership Application Form

	For Central Office Use Only		
	Membership No Date:/		
Paste a recent Colored Photograph and attach	Type of Membership:Chapter of ABO		
one spare photograph			
with self-signature on	Membership through:Chapter of AROI		
its back.	Amount of subscription Received:		
	Membership Status: Approved / Not Approved		
AND THE PERSON OF THE PERSON O	e Member Overseas Member Trade Member of the association.		
	Ilment and subscription fee of INR ₹ / USD \$		
	SD \$ in words		
	dy is in INR ₹ 7,800. (Seven Thousand Eight Hundred) & in USD \$200		
ee can be paid By Demand D	Oraft or Deposit within Bank (email us receipt or transfer details)		
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lly particulars as follows:			
. Name:			
First Name :			
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Surname:			
. Date Of Birth:	3. Sex:		
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6. Mailing Address:			
Office Address:			
Office Telephone:			
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Examination Passed	University/ institution	Year
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Date:/	Signature:	
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We propose and second Dr/	Mr/ Mseas /Trade Member of the association of AROI for more t	han 3 Years.
We propose and second Dr/ enrollment as a Life / Overse Proposed by:	Mr/ Mseas /Trade Member of the association of AROI for more t	han 3 Years.
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** Please send the Complete scan copy of form and DD / NEFT /Deposit Receipt on email: secretaryaroi@gmail.com or vsrinivasan09@gmail.com

Correspondence address:

Dr.V.Srinivasan, Secretary General AROI,

MIOT International Hospital,

No.4/112, Mount Poonamallee Road, Manapakkam, Chennai-600089.

Mobile:+91 9841022366