



ASSOCIATION OF RADIATION ONCOLOGIST OF INDIA
(Regd. No.458-Act XXI 1860)

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 Oncologist of India
 Ludhiana, Punjab

Kindly enroll me as a Life Member Overseas Member Trade Member of the association.

I am enclose herewith the enrollment and subscription fee of INR ₹ / USD \$ _____.

Fee Details: Amount INR ₹ / USD \$ _____ in words _____.

Registration Fee for central body is in INR ₹ 6,500. (Six Thousand Five hundred only) & InUSD \$200.

Fee can be paid By **Demand Draft** or **Deposit within Bank** (email us receipt or transfer details)

Demand Draft No. _____

Dated: _____

Drawn on: _____

Account Name: **Association of Radiation Oncologist of India (ARO)**

Saving Account No: **10330886815**

IFSC Code: **SBIN0000731**

Bank Name: **State Bank of India**

Address: **Millerganj Ludhiana, Punjab**

My particulars as follows:

1. Name:

First Name :																				
Middle Name:																				
Surname:																				

2. Date Of Birth: [][][][][][][][] **3. Sex:** [][][][][][][][]

4. Nationality : _____

5. Present Designation: _____

6. Mailing Address:

Office Address:		
Office Telephone:		
Correspondence Address:		
Permanent Address:		
Email Id:		Mobile:

7. Publication: _____

8. Area Of Interes _____

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 this 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

Secretary

Signature of Chapter

Note: * This form must be submitted to the office of Secretary General duly proposed and seconded with the Recommendation of the chapter Secretary.

** Form not duly proposed, Seconded and recommended will not be accepted.

** Please not only crossed Demand Draft/ NEFT/ Bank Deposit will be accepted.

** Please send the Complete scan copy of form and DD / NEFT /Deposit Receipt on email: Secretaryaroi@gmail.com or

Correspondence at:

Dr. G.V. Giri (Secretary General AROI)

'Sheela', House No. 67, Near Bhatiya Vidya Mandir School,
Phase 3, Urban Estate, Dugri. Ludhiana (Punjab) 141013