



# SOCIETY OF ONCOLOGIC IMAGING (INDIA)

Registration No.: 115/2017, Central Chennai

Reg. Office : C/O Dr. Bagyam Raghavan, New No. 9, Kasturi Estates, 3rd Street,  
(Near Agarwal Eye Clinic), Chennai 600086.

Email: [oncoimagingindia@gmail.com](mailto:oncoimagingindia@gmail.com)

## MEMBERSHIP APPLICATION FORM

Name (CAPITAL LETTERS):

Date of Birth:

Gender:  Male  Female

Mobile:

Email:

Affix a passport size  
photograph

Qualifications

Year

Institution

UG

PG

Other

City:

State:

PIN:

Telephone (with STD code):

Residential Address:

City:

State:

PIN:

Telephone (with STD code):

Preferred address for correspondence:

Hospital/Clinic

Residential

Medical Council registration No.

Name of council (MCI/state):

Membership of other professional society/body, if any:

Membership

Life Member (for radiologist): Rs 14000

Associate Member (for non-radiologist): Rs 10000

Resident Member (Residents less than 35 yrs of age): Rs 7500

Corporate Member : Rs 20000

Membership proposed by (Life member of society of oncologic imaging)

Name:

Membership number

Signature of the proposer

Membership fee: Rs.....

Mode of Payment: Cheque or Bank Transfer

Cheque (in favour of 'Society of oncologic imaging') Cheque no:

Date:

Bank:

Bank Transfer: A/c name: **Society of oncologic imaging**, HDFC Bank, Cenotaph road, Chennai 18

A/c no. 50100211552785 IFSC code: HDFC0001216



scan to UPI pay

Declaration: I agree to abide by the memorandum and by-laws of the society and by such rules and regulations as may be enacted from time to time.

Date:

Signature of the applicant

### FOR OFFICIAL USE OF SOCIETY OF ONCOLOGIC IMAGING

Admitted as Life member / Associate member/Resident member/Corporate Member of 'Society Of Oncologic Imaging (India)'

Membership Number:

Receipt no:

Signature of the General Secretary

Date: