

MEMBERSHIP FORM

To The Secretary Indian Musculoskeletal Oncology Society

First Name	Last Name	Middle nam	
Specialty	High	Highest qualification	
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We the undersigned, active members of IMSOS, support and propose the application for membership in IMSOS of the above named person.

1. Name:	Date:
Signature:	IMSOS NO:
2. Name:	Date:
Signature:	IMSOS NO:

The membership fee for Life Membership is **Rs. 5,900/-** .(Includes GST) Please make Draft / Cheque in favor of "Indian Musculoskeletal Oncology Society" payable at Ahmedabad.

Corresponding address -

Dr. Yogesh Panchwagh
Dr.Panchwangh Clinic:101,
Vasant,Plot No.29,
Bharat Kunj Society No.2,
Near New Karnataka High school,
Erandawana,Pune 411038



Please note:

- Please send the membership application form and membership fees at the above mentioned address only.
- Certified photocopy of the highest qualification to be sent along with application form.
- Certified photocopy of Medical Council Registration (if applicable) to be sent along with the form.
- Membership is subject to ratification in the subsequent AGM of the IMSOS. Allotment of membership no will follow the ratification.
- Honorary members are not eligible to vote.
- All correspondence will be by e mail.