



ASSOCIATION OF ONCOLOGISTS OF NORTH EAST INDIA

Regd.No.KAM/240/A-1/17of 2006

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Photograph

Full Name (Block Letters): _____

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Medical Regd. No. _____

Institution / Hospital Affiliations with Designation:

What percentage of your work involves cancer care: _____

Qualifications and year of acquiring it: _____

Preferred Address for Correspondence: Home / Office / Clinic (please specify one)

Life Membership fee of Rs. 4000/- Ordinary Membership fee of Rs. 300.00/- Associate Membership fee of Rs. 300.00/- to be sent by cheque or demand draft in favour of (AONEI).

Membership fees is enclosed as cheque (accounts payee only) or a demand draft (including Rs. 25/- for outstation cheques as processing fee) D.D./ Cheque number _____ dated ___/___/___ drawn on _____ for Rs. _____ in favour of AONEI and payable at Guwahati.

Account Details for NEFT/RTGS

Name: Association of Oncologists of North East India
Indian Overseas Bank (Gopinath Nagar Branch, Guwahati-781016
A/c no. 183801000009676
IFSC code: IOBA0001838

I agree to comply with / support the following:

1. AONEI constitution and byelaws.
2. Continuation of membership will require my ongoing commitment and active contribution to the activities of AONEI

Signature: _____ Date: _____ Place: _____

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Membership No.: _____

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