



## Tamil Nadu Association of Surgical Oncology

(Affiliated to Indian Association of Surgical Oncology – IASO)

### Membership Application Form

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#### 1. Personal Details

- Full Name (in Block Letters) : \_\_\_\_\_
  - Date of Birth : \_\_\_\_\_
  - Gender : ☐ Male ☐ Female ☐ Other
  - Father's / Spouse's Name : \_\_\_\_\_
  - Residential Address : \_\_\_\_\_  
\_\_\_\_\_
  - City / District : \_\_\_\_\_
  - PIN Code : \_\_\_\_\_
  - Mobile Number : \_\_\_\_\_
  - Email ID : \_\_\_\_\_
  - Aadhar / Govt. ID (for verification): \_\_\_\_\_
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#### 2. Professional Details : (Member must be practising in Tamil Nadu State)

- Qualifications (MBBS / MS / MCh / DNB, etc.): \_\_\_\_\_
- Specialization: \_\_\_\_\_
- Medical Council Registration No. (TN State / MCI): \_\_\_\_\_
- Present Designation: \_\_\_\_\_
- Institution / Hospital Name: \_\_\_\_\_
- Official Address: \_\_\_\_\_
- Work Contact Number / Email: \_\_\_\_\_

### 3. Membership Category (Please tick ✓ one)

- ☐ **Life Membership** (For qualified Surgical Oncologists)
- ☐ **Associate Membership** (For postgraduates in training in Surgical Oncology)
- ☐ **Honorary Membership** (By invitation of the Executive Committee)

### 4. Proposer & Secondar (Mandatory for Approval)

- **Proposer Name & Membership No.** : \_\_\_\_\_  
**Signature** : \_\_\_\_\_
- **Secondar Name & Membership No.** : \_\_\_\_\_  
**Signature** : \_\_\_\_\_

### 5. Payment Details

- **Membership Fee:** ₹ \_\_\_\_\_ (As per current TASO norms)
- **Mode of Payment:** ☐ Online ☐ Cheque ☐ DD ☐ UPI
- **Transaction / Cheque / DD No.:** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **Bank / UPI Reference:** \_\_\_\_\_

### 6. Declaration by Applicant

I, Dr. \_\_\_\_\_, hereby apply for membership of **Tamilnadu Association of Surgical Oncologists (TASO)**. I declare that the above information is true and correct to the best of my knowledge. I agree to abide by the rules, regulations, and constitution of the Association.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**For Office Use Only**

- Application Received on: \_\_\_\_\_
- Membership No. Allotted: \_\_\_\_\_
- Category: ☐ Life ☐ Associate ☐ Honorary
- Approved in EC Meeting Dated: \_\_\_\_\_
- Secretary's Signature: \_\_\_\_\_

**Enclosures :**

- Attach Filled Membership Application form.
- Attach a copy of your Medical Council Registration Certificate.
- Attach a copy of your M.Ch / DNB Certificate.
- Attach a recent passport size photograph.
- Attach Copy of Payment Details.
- Life membership certificate will be issued after EC approval.