



Tamil Nadu Association of Surgical Oncology

(Affiliated to Indian Association of Surgical Oncology – IASO)

Membership Application Form

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. IASO Membership ID : _____ Date of Joining in IASO : _____

4. TASO 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)

5. Proposer & Seconder (Mandatory for Approval)

- **Proposer Name & TASO Membership No.** : _____
Signature : _____
- **Seconder Name & Membership No.** : _____
Signature : _____

6. Payment Details

- **Membership Fee: ₹ 3,000/-** (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: _____

(Rs.3,000/- Membership Fee to be paid to the following Account before submitting the application form)

Account Details :

Account number : 50200114640225
Customer ID : 337175281
Branch Name : HDFC Bank Ltd, Madurai Annanagar
Branch code : 2027
IFSC code : HDFC0002027

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.