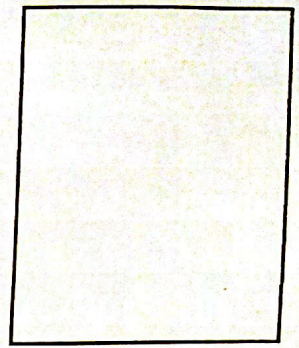




Kerala Association of Surgical Oncologists

(KASO)



MEMBERSHIP FORM

Name(in Full) :

Medical Qualifications :

Official Designation :

Office Address :

.....

Residence address :

.....

Phone :

Work :

Cell :

Email :

Web site :

Experience in Surgical Oncology :

Number of peer reviewed publications :

Area of special interest :

Life Membership (Associate/Regular) Fee:Rs.....)

Joining Fee (For Ordinary Membership) :Rs.....Annual subscription Rs.....

Any others RsTotal Rupees(Rs.....)

Mode of payment

State Bank of India , Medical College Branch Trivandrum
Acc No 67302314973 SWIFT Code SBIN0070029

DD/Cheque to be drawn in favor of 'KASO' payable at Trivandrum.

Cash/DD/Cheque/NEFT/RTGS No: _____ Amount: _____ Date: _____

Bank: _____ Branch: _____

Signature: _____ Date: _____ Place: _____