

Association of Radiation Oncologists of India

Regd No – 458, Act XXI, 1860

Membership Upgradation form

ICRO-FM/AROI LM NO.....

1. Name:
2. Age & Sex:
3. Nationality:
4. Present Designation:

Please paste here a recent
colored photograph and
attach a extra photo with
signature on the back

5. Qualification(Graduation Onwards):

Examination Passed	Institution/University	Year

6. Mailing Address:

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.....

State:Pin/Zip Code:

Telephone/Mobile:Fax:

E-mail:

Hospital:

State:Pin/Zip Code:

Telephone/Mobile:Fax:

E-mail:

7. **Publication:**

8. **Area of Interest:**

9. **Achievements:**

To be sent on my E- Mail Id

drvashistha@gmail.com , Vashistha.ROI@gmail.com ,

10. **Other relevant information (you want to add).**
11. **Family Detail (Choice)**

To be sent on my E- Mail Id

drvashistha@gmail.com , Vashistha.ROI@gmail.com ,