

## SOCIETY OF ONCOANAESTHESIA AND PERIOPERATIVE CARE

Reg. No.: GBBSD-1110/2018 (MUMBAI, MAHARASHTRA)

### LIFE MEMBERSHIP FORM

Full Name: Dr ..... (in block letters)  
(Name) (Middle Name) (Surname)

Sex: Male / Female ..... Age: ..... years, Date of Birth ..... Blood group:.....

Qualification (University & Year of passing) .....

Specialization: .....

Name of Medical Council:..... Registration No.: .....

Designation: .....

Permanent Address:.....

Pin..... State..... Phone.....

Correspondence Address:

Pin..... State..... Phone.....

E-mail ID:..... Mobile No:.....

I agree to abide by the rules & regulation of Society of OncoAnaesthesia and PeriOperative Care (SOAPC). I wish to join Society of OncoAnaesthesia and PeriOperative Care as life member/Associate Member and enclose Cheque / D.D. No. .... drawn on Date..... Bank .....for Rs..... (Drawn in favor of **“Society of Oncoanaesthesia and Perioperative Care”**), payable at Mumbai, towards subscription for the life Membership. NEFT/RTGS can also be done. Details given below.

Date:

Signature of Applicant

**Life Membership Fees:**

Within India: Rs 7000/- (inclusive of 18% GST)

**NOTE:**

1. Outstation Cheque should be accompanied by Rs.100/- extra as bank charges.
2. Send two passport size photographs for I card
3. Anaesthesia Postgraduate degree/DNB/Diploma which is recognized by MCI is mandatory
4. Graduate and Post Graduate Degree certificate
5. Medical council registration certificate

Cheque / DD in favour of **“Society of Oncoanaesthesia and Perioperative Care”** payable at Mumbai.

NEFT/RTGS banking details (In case of NEFT/RTGS, kindly send the scanned copy of the receipt and duly filled form.)

<b>Bank name:</b>	Central Bank of India
<b>Branch Address:</b>	Tata Memorial Hospital, Parel
<b>Branch code:</b>	284241
<b>MICR No.</b>	<b>400016112</b>
<b>IFSC Code:</b>	CBIN0284241
<b>Bank Account No.:</b>	<b>3683226190</b>
<b>Account Name:</b>	Society of Oncoanaesthesia and Perioperative Care (SOAPC)

**Forms to be sent to**

Dr Raghu S Thota,

Secretary, Society of OncoAnaesthesia and Perioperative Care

8/17, Century Qtrs,

PB Road, Nr Doordarshan,

Worli, Mumbai-400030 Maharashtra.

Email: [soapc2018@gmail.com](mailto:soapc2018@gmail.com) Mob: +91 9769077764 Res: Ph: +91 -22-24984309

For Office Use: Receipt No & Year..... LM No..... ALM No.... ..... LFNo.....