

INDIAN BRACHYTHERAPY SOCIETY

(Regd.No:TNSR Act (1975),S.No. 99/2006) www.indianbrachytherapy.com

PRESIDENT

Dr. R L Bhalavat

Consultant Clinical and Radiation Oncologist, Chief, Department of Radiation Oncology, Jupiter Hospital, Eastern Express Highway Thane (W) 400601,

Ph: +91- 21725544/2927/5505/5570 Email: drbhalavat@yahoo.com

SECRETARY

Dr. Umesh Mahantshetty
Department of Radiation Oncology
Tata Memorial Hospital
Dr. Ernest Borges Road,
Parel, Mumbai-400012
Ph: +91-22-24177168

(Secretary Signature & Date)

Pn: +91-22-24177168

Email: drumeshm@gmail.com

MEMBERSHIP FORM Name Communication Address City: Pin code: Tel No: _____ FAX No:_____ E-Mail: _____ Other Address (Res. /Office): City: _____ Pin code: Tel No: ______Mobile No:_____ FAX No: e-mail: _____Academic Qualifications:_____ Present Position Date of Birth Award / Honors Fields of Specialization Experience (in years) Life Member (Fee: Rs.2000/-) Type of Membership Cheque / Bank draft No: Dated: Membership Payment * * [Cheque (at par) / Bank draft in favor of "Indian Brachytherapy Society" payable at Chennai. If applicable add 70/- for outstation cheque] Member Signature Send the completed application form along with the payment to: Dr.Umesh Mahantshetty, Secretary, IBS Room No.1123; 11th Floor, Homi Bhabha Block, Tata Memorial Hospital, Dr. E. Borges Marg, Parel Mumbai – 400012. India e-mail: drumeshm@gmail.com Tel no: +91-2224177168 FOR IBS OFFICE ONLY Membership type and No:______Membership Receipt No.:______. Any other remark: