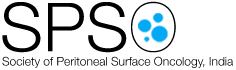
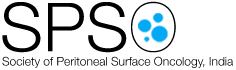
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**Society of Peritoneal Surface Oncology, India**

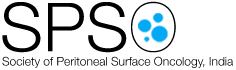
**Member registration form**

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| **Name (please mention full name as on any legal document) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Age (in years) -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Sex - \_\_\_\_\_\_\_\_\_\_\_** |
| **Address (for correspondence) -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City-\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal (Zip) code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Email address- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Phone number ( work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Qualifications**   |  |  |  |  | | --- | --- | --- | --- | | **No.** | **Degree** | **University** | **Year of Passing** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Additional training (Specify training for CRS and HIPEC)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Fellowship /Workshop** | **Institute** | **Year** | **Duration** | **Skills acquired** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| **Current attachment**  Name of the Institution-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal Address- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



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| **Previous Employment**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name of the Institution | Department | Designation | Month/Year of Joining | Month/year of quitting | City/State | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| **Years of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Type of Practice**  General Surgical Oncology- \_\_\_\_ General surgery with Oncology-\_\_\_\_\_\_\_  Obs and GYN with oncology-\_\_\_\_\_\_\_\_\_\_  Surgical Oncology confined to organ system (specify)-\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Performing CRS and HIPEC since (year) \_\_\_\_\_\_\_\_\_\_\_** |
| **Area of specialization (For which cancers do you perform CRS and HIPEC? Select 1 or more of the cancers below)**   * Colorectal cancer * Appendiceal cancer/PMP * Gastric cancer * Ovarian cancer : **1.** Recurrent cancers **2.** Interval CRS **3.** Primary CRS * Pseudomyxoma peritonei * Other cancers (DSRCT, endometrial cancers etc) |



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| Please write in brief why you are interested in being part of this society any your expectations from it |
| **Date-\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

