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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**

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| **No.** | **Degree** | **University** | **Year of Passing** |
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| **Additional training (Specify training for CRS and HIPEC)**

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| **Fellowship /Workshop** | **Institute** | **Year**  | **Duration** | **Skills acquired**  |
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| **Current attachment**Name of the Institution-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Address- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



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| **Previous Employment**

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| Name of the Institution | Department | Designation | Month/Year of Joining | Month/year of quitting | City/State |
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| **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 -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

