



# ICON - Indian Co-operative Oncology Network

(autonomous body of Indian Medical & Pediatric Oncology)

(Registration No. E 19333 Mumbai, Charity Commissioner, Greater Mumbai Region, Maharashtra State)

## Subject: Membership Application

Date: 1.8.15

Page 1 of 4.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address (Res.) \_\_\_\_\_

Address (Clinic/Office) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

State \_\_\_\_\_

PIN \_\_\_\_\_

PIN \_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

e mail : \_\_\_\_\_ @ \_\_\_\_\_

Hospital Affiliations: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

### Preferred Address for Correspondence : Home / Office / Clinic (please specify one)

Amount of professional time devoted to Oncology: \_\_\_\_\_

(Full membership requires greater than 50% of professional time devoted to Oncology.

Associate members can have less than 50% of professional time devoted to Oncology).

Membership fees are enclosed as check (Account payee only) or a demand draft (including Rs.25/- processing fee) number \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_ for Rs. \_\_\_\_\_ in favor of "ICON Trust" and payable at Mumbai.

In addition I agree to comply with/support the following:

1. ICON constitution and byelaws.
2. All activities will be conducted with the patient's interest being of primary importance.
3. Continuation of membership will require my ongoing commitment and active contribution to the activities of ICON.
4. Correspondence sent to my email address will be the preferred mode of communication. It is my duty to keep the ICON office updated with my current email & postal address.
5. Assistance from ICON will be dependent on the extent of my contribution to ICON activities. Membership does not automatically qualify me to any/ all ICON facilities/ assistance.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Place \_\_\_\_\_

**Proposed by:**

**Seconded by:**

Name \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

Membership No: \_\_\_\_\_



## ICON - Indian Co-operative Oncology Network

(autonomous body of Indian Medical & Pediatric Oncology)

(Registration No. E 19333 Mumbai, Charity Commissioner, Greater Mumbai Region, Maharashtra State)

### **Subject: Membership Application**

**Date: 1.8.15**

**Page 2 of 4.**

#### AFFIRMATION OF INTEGRITY IN THE SUBMISSION OF CLINICAL TRIAL RESEARCH DATA:

In signing this document, I affirm my awareness of and compliance with the policies of the Indian Co-operative Oncology Group relating to the submission of falsified data and other scientific misconduct.

1. I recognize that the clinical research of the co-operative research groups is critically dependent upon the trust of the people. Submission of falsified data is scientifically abhorrent and can destroy the public trust that is necessary for successful clinical research.
2. I recognize that the penalty for submission of falsified data by myself or by others from my institution will automatically include: inability of myself OR my institution to participate in the cooperative group activities as well as repayment of research funds by myself and my institution according to the circumstances of the matter.
3. If I suspect falsified data submission from my institution, I understand that the group policy requires that I make an immediate telephone call to the ICON office. I will also cooperate to the fullest in any investigation that the group may decide to make.

Name \_\_\_\_\_

Date \_\_\_\_\_

Institution \_\_\_\_\_

\_\_\_\_\_



## ICON - Indian Co-operative Oncology Network

(autonomous body of Indian Medical & Pediatric Oncology)

(Registration No. E 19333 Mumbai, Charity Commissioner, Greater Mumbai Region, Maharashtra State)

### Subject: Membership Application

Date: 1.8.15

Page 3 of 4.

CONFLICT OF INTEREST STATEMENT: (Please describe in detail any conflict of interest that is present OR may potentially occur.)

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_

### CONFIDENTIALITY STATEMENT:

**ALL** data generated by ICON **will** be speedily made public. This will include all toxicities, adverse events, as well as all positive and negative studies. Publications, presentations, availability of data to the Drug Controller of India, Ethics Review Board, patient advocate groups etc. will take place as per the policies of ICON (Details in Document #12 and #13).

However to prevent misuse and tampering of data released through unauthorized channels ALL ICON members will abide by the following:

1. All clinical trials protocols whether in draft or final stage as well as any data emerging from clinical trials will be considered confidential and cannot be discussed/disclosed in any non-ICON fora without the written permission of the ICON President and the concerned Disease Chair if any.
2. Information already in the public domain is excluded from this confidentiality.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_



## ICON - Indian Co-operative Oncology Network

(autonomous body of Indian Medical & Pediatric Oncology)

(Registration No. E 19333 Mumbai, Charity Commissioner, Greater Mumbai Region, Maharashtra State)

### Subject: Membership Application

Date: 1.8.15

Page 4 of 4.

#### Please Note:

#### Membership fee:

Individual Lifetime Membership-	Rs. 7,500/-
Individual Annual Membership- (Full/Associate)	Rs. 1,000/-
Individual Members-in-Training	Rs. 500/-

#### Enclosures Desired with Application:

1. Curriculum vitae for ICON database (**Required as per policy**).
2. Infrastructure available to you as an oncologist.
3. Statement of your areas of interest as well as how you could contribute to ICON activities.
4. Affirmation of Integrity Statement (**Required as per policy**)
5. Members-in-Training are physicians in an academic post-graduate training program. They need to submit a letter to this effect signed by the chief of their department to avail of discounted membership fee. (**Required as per policy**)
6. Conflict of Interest statement (**Required as per policy**)

#### Completed forms are to be sent to:

Dr. Purvish M. Parikh,  
Executive Director  
ICON Trust  
410, Navnidhi Industrial Estate,  
208, Acharya Donde Marg,  
Near Sewree Station,  
Sewree West,  
Mumbai 400 015  
Telefax: 022-24139584  
Email: [purvish1@gmail.com](mailto:purvish1@gmail.com) and [khurshid.mistry@oncologyindia.org](mailto:khurshid.mistry@oncologyindia.org)