



PAKISTAN PAEDIATRIC ASSOCIATION (SINDH BRANCH)

Second Floor; Plot No. 57- C, 11th Commercial Street Phase II Ext, DHA Karachi
Phone: 021-35387473, 03333308161 Email: ppsindh@outlook.com

MEMBERSHIP FORM

To,
The General Secretary,
PPA (Sindh Branch)
Karachi.

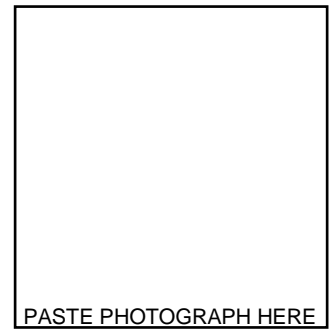
Dear Sir/ Madam,
I hereby apply for membership of the PPA (Sindh branch). I have read the rules and regulation and byelaws of the association and agree to abide by them.

NAME: _____

FATHERS/HUSBAND NAME: _____

ADDRESS:
1. PERMANENT: _____

2. MAILING: _____



PASTE PHOTOGRAPH HERE

PMDC No: _____

Blood Group: _____

Mobile No:

Phone Res: _____ Clinic: _____ Hospital: _____

Fax: _____ Email: _____

CNIC: - -

Hospital Affiliation: _____

Designation: _____

QUALIFICATION/S:

DEGREE / DIPLOMA	UNIVERSITY/LICENSING BODY	YEAR OF ACQUIREMENT

Membership category for which applied:

LIFE MEMBER ORDINARY ASSOCIATE

PROPOSED BY

NAME: _____

SIGNATURE: _____

SECONDED BY

NAME: _____

SIGNATURE: _____

I am remitting Rupees _____

By CASH CHEQUE PAYORDER

No: _____ Drawn on Bank _____

Signature of Applicant

Membership Fees

1. Life Member will pay Rs.5000/- plus Rs.1500/- (for first 3 year as ordinary member)
Total = Rs.6500/-
2. Ordinary member will pay Rs.500/- (for 1 year only. Needs to be renewed every year)
3. Associate member will pay Rs.300/- (fee for 1 year only, to be renewed every year)

REQUIREMENTS:

1. Photocopy of Degree / Diploma
2. Photocopy of PMDC Certificate
3. Photocopy of CNIC
4. 2 Passport size Photograph (blue background)
One Photograph to be pasted on form

FOR OFFICE USE

APPLICATION

ACCEPTED REJECTED OBJECTED

Reason of objection / rejection _____

Membership No. allotted: PPA-S

General Secretary PPA (Sindh)