

REGISTRATION FORM

Name:

F. Name:

Designation:

Place of Posting:

Contact No: **CNIC No:**

Email: **PMDC No:**

Address:

Payment Details:

Accounts Title: Pakistan Pediatric Association Sindh

Consultant's 6,000/-

Account No: 100900294080201

Bank: Bank Islami, Baqai University Branch

PG's 4,000/-

Note:

Deposit your registration fee in the bank and send a photo of the registration form and bank deposit slip to this number.

+92-300-3075604

Any other information to contact Mr. Saleem Ahmed PPA (Sindh)

Office Secretary. Contact # +92-300-3075604