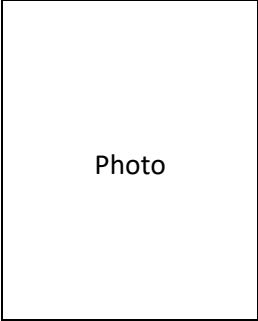




PAKISTAN PAEDIATRIC ASSOCIATION
(KHYBER PAKHTUNKHWA BRANCH)
MEMBERSHIP FORM



To,
The General Secretary,
PPA - KP Branch
Peshawar

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

Name: (in capital letter): _____

Father/ Husband Name: (in capital letter) _____

Name of Provincial branch or chapter: _____

Mailing address: _____

Designation / Post: _____

Hospital address: _____

Institution & Address: _____

Clinic Address: _____

Residential address: _____

PMDC No: _____ Blood Group: _____

Mobile No: _____ CNIC: _____

Phone Res: _____ Clinic: _____

Hospital: _____ Fax: Email: _____

QUALIFICATION/S:

DEGREE / DIPLOMA	UNIVERSITY/LICENSING BODY	YEAR OF ACQUIREMENT

Membership Category for which Applied:

LIFE MEMBER ORDINARY ASSOCIATE

I am remitting Rupees

By CASH CHEQUE PAYORDER

No: Drawn on _____ Bank _____

Signature of Applicant _____

Membership Fees

Life Member will pay Rs.7000/- plus Rs.3000/- (for first 3 year as ordinary member)

Total = Rs.10000/- (one time)

Ordinary Member will pay Rs.1000/- (for 1 year only. Needs to be renewed every year)

Associate Member will pay Rs.500/- (Fee for 1 Year Only, To Be Renewed every year)

Bank Account Details: Allied Bank. **Account Title.** Pakistan Peadriatic Association.

Account No. PK31ABPA0010005839190015 Branch Code: 0321

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: _____

General Secretary PPA - KP

Secretariat Office: Khyber Institute of Child Health Opp: Passport Office Phase V Hayatabad
Peshawar Phone Number 0333-9495035