

PAKISTAN PAEDIATRIC ASSOCIATION (SINDH BRANCH)

Second Floor; No. 57- C, 11th Commercial Street Phase II Ext, DHA Karachi Phone: 021-35387473, 0300-3075604 Email: ppasindh@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 NA	ME:		
ADDRESS: 1. Home Addres <u>s:</u>			
2. Hospital Address:			PASTE PHOTOGRAPH HERE
			Blood Group:
3. Chapter:			_
Mobile No:			
Phone Res:	Clinic:	Hospital:	
Fax:	Email:		

QUALIFICATION/S:

DEGREE / DIPLOMA	UNIVERSITY/LICENSING BODY	YEAR OF ACQUIREMENT

Membership category for which applied:

	I	LIFE MEMBER ORDINARY ASSOCIATE
PROPOSED BY		
SIGNATURE:		
SECONDED BY NAME:		
SIGNATURE:		
I am remitting Rupees: _		
By CASH CHE		PAYORDER
No: [Drawn on Bank	

Signature of Applicant

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Membership Fees

- 1. Life Member will pay Rs.7,000/- plus Rs.10,00/- (for first 3 year as ordinary member) Total Rs.10,000/-
- 2. Ordinary member will pay Rs.1,000/- (for 1 year only. Needs to be renewed every year)
- 3. Associate member will pay Rs.500/- (fee for 1 year only, to be renewed every year)

REQUIREMENTS:

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- 1. Photocopy of Degree / Diploma
- 2. Photocopy of PMDC Certificate
- 3. Photocopy of CNIC
- 4. Title of Account (Pakistan Pediatric Association Sindh)
- 5. (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-	
Ğ	eneral Secretary PPA (Sindh)