



PAKISTAN PAEDIATRIC ASSOCIATION
(BALOCHISTAN BRANCH)
MEMBERSHIP FORM

Photo

To,
The General Secretary,
PPA - Balochistan Branch
Balochistan

Dear Sir/ Madam,

I hereby apply for membership of the PPA (Balochistan 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 / Clinic address: _____

Institution & 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

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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

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:

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 - Balochistan