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## Pakistan Pediatric Association (Punjab Branch)

12-13 Executive Floor, Al Qadir Heights, New Garden Town, Lahore 042-35867925, 0321-8894662, Email: ppa.punjab@yahoo.com

## **Membership Form**

Category: Ordinary Membership Life Membership Associate Membership

**For Lahore only**: 
Teaching cadre 
Non- Teaching cadre

Full Name (Capital)																			
Father Name																			
CNIC #						-								-	•		PMDC #		-
Name of Hospital/ Organization																			
Designation		Highest Degree/ Diploma																	
Specialty / Subspeciality / Interest																			
Email:																			
Mobile/ WhatsApp																			
Mailing Address																			
																	District		
Please find enclosed M	emb	ersł	nip F	ee R	s														_only)
Cash Cr	nequ	eque 🛛 Pay Order 🖓 Online 🖓 Jazz Cash																	
	Dated:Drawn on Bank: fee through Cash, Cheque, Pay Order In favor of 'Pakistan Pediatric Associ																		
Bank IBAN #:PK84 HABB 0012520006402701, Account Title: Pakistan Pediatric Association, Bank: Habib Bank Limited,																			
Branch: Fatima Jinnah Medical College, Lahore.																			
<i>Membership Fees:</i> o Life Membership = Rs. 10000/-, Ordinary Membership = Rs. 1000/- per year, Associate Membership = Rs 500/- per year (need to be renewed every year)																			
Documents Required with	Memk	bersh	ip Fo	rm:															
1. Copy of CNIC, 2. Copy of PMDC certificate, 3. Original Cheque / pay order /bank draft / copy of cash receipt																			
4. 2 Passport size ph (Note: Without doc	-	-			-						-	ound.							
FOR OFFICE USE																			
Verified by Office SecretarySign Chairman Membership Committee: Sign																			
Membership No. Allott																			
Approved by Executive	Con	nmit	tee c	l															

Passport size photograph with white

background

General Secretary Sign\_\_\_\_