



SOCIETY OF SURGEONS OF PAKISTAN

Photograph

Membership Application

The Secretary,
Society of Surgeons of Pakistan,
_____ Chapter.

Dear Sir,

I hereby apply to become a **life / ordinary / associate** member of the Society of Surgeons of Pakistan. I have read the Rules and Regulations of the Society and, if elected, agree to abide by them.

I am remitting Rs. _____

Yours sincerely,

Date: _____

Name: _____

Clinic Address: _____

_____ Phone: _____

Hospital/Educational Institute: _____

_____ Phone: _____

Residence: _____

Res. Phone: _____ Mobile: _____

E-mail Address: _____ Fax: _____

Qualifications (with the names of Universities or Licensing bodies and the dates of acquirement of the same)	MBBS _____ Year _____
	FCPS / FRCS (Edig / Eng / Glasgow / Ireland) Year _____
	MS (_____ University) Year _____

PMDC Registration Number: _____ Year _____

Elected by The Executive
Committee on _____

SECRETARY'S SIGNATURE

Life Member: PKR. 10,000. Ordinary Member: PKR. 1000/year

Email a scan copy of the filled form along with photograph to: societyofsurgeons1@gmail.com
For payment via Bank Draft /cheque, should be in favor of "**Society of Surgeons of Pakistan Lahore**"
For Online Transfer: **Allied Bank**, Account title: **Society of Surgeons of Pakistan Lahore**.
Account number: **0206 0010001358430016**.

Society Secretary
Mr. Ahmad Qasim +923334254002