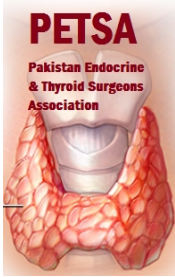


Receipt No. Membership No.

Date.



**PAKISTAN ENDOCRINE AND THYROID
SURGEONS ASSOCIATION
MEMBERSHIP APPLICATION FORM**



NAME

(in Block Letters, please furnish first name under which you wish to be registered and then the other name)

(Enter in the box the alphabet under which your name should be indexed)

DATE OF BIRTH: AGE:

ADDRESS:

(in block letters).....

STATE: PIN CODE:

PRESENT STATUS:

	Qualifications	University	Year
1.			
2.			
3.			

Registration No. & State in which registered

Have you been a member of this Society before? Yes / No

If Yes (Furnish details)

Proposed by

(Name) Signature

Membership No. (Life Member / Annual Member)

Seconded by

(Name) Signature

Membership No. (Life Member / Annual Member)

I wish to be a Annual Member/Life Member/Life Member on instalment basis.

Declaration by applicant: I declare that the above details are correct. I have read the instructions overleaf. I shall abide by the Rules & Regulations of the Society in force and any subsequent amendments made from time to time.

I am enclosing Cash/Bank Draft No.....onBank

Dated.....for Rs.

Dated Signature.....

FOR OFFICE USE:

The Above application is in order. His/her application is to be put before the next Meeting of Managing Committee/General Body.

Date:

Gen. Secretary

PAKISTAN ENDOCRINE AND THYROID SURGEONS ASSOCIATION (PETSА)

Mr. Awais Tahir, Department of Surgery
Shalamar Medical and Dental College, Lahore

COMPUTER CARD

PLEASE FILL UP AND RETURN TO GENERAL SECRETARY, PETSА, IMMEDIATELY

Name:

Membership Number:

(Those not yet ratified need not fill)

Address:

Date of Birth:

Day:

Month:

Year: