

ASSOCIATE MEMBERSHIP

Application for the Membership of PAFP for Allied Health & Social Sciences

Faculty / Post Graduate Graduate

Please use CAPITAL LETTERS

Name : _____

Father/Husband Name : _____

Postal Address : _____

Qualification : _____

Institute and year of Graduation / Post Graduation : _____

CNIC No : _____ Email : _____

Tel Res : _____ Mob : _____

Please send completed form to the following address along with documents mentioned.

- a. Copy of Graduate / Post Graduate Degree / Diploma
- b. 2 Passport Size Photos
- c. Copy of CNIC
- d. Membership fee Rs. 5000/- (For Faculty / Post Graduates)
- e. Membership fee Rs. 3000/- (Graduates)

may be paid by Online/Cash/Cross Cheque/Bank Draft in favour of Academy of Family Physicians Pakistan
For Online Payments: United Bank Limited, IBAN No. Pk89 UNIL 0109 0002 2086 1979

Signature of Applicant



@ 0321-5926660

For Office Use Only

Ref. By : _____

Payment Mode : CASH
 CHEQUE / DRAFT
 ONLINE PAYMENT

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Cheque Draft Number : _____

Drawn on Bank : _____

Dated : _____

Comments : _____