

MEMBERSHIP APPLICATION

Family Physician Consultant

Please use CAPITAL LETTERS

Name : _____

Father/Husband Name : _____

Postal Address : _____

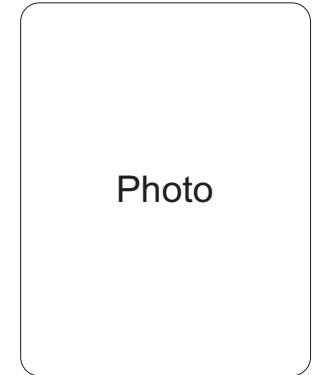
Institute and year of Graduation : _____

Qualification : _____

PMDC No : _____ CNIC No : _____

Tel Off : _____ Res : _____

Mob : _____ Email : _____



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

- a. Copy of PMDC Registration
- b. 2 Passport Size Photos
- c. Copy of CNIC
- d. Membership fee Rs. 5000/- may be paid by cash/cross cheque/bank draft in favour of Academy of Family Physicians Pakistan

or @ 0321-5926660

Signature of Applicant

For Office Use Only

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Ref. By : _____

Cheque Number : _____

Payment Mode : CHEQUE

Drawn on Bank : _____

CASH

Dated : _____

Comments : _____