

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 : _____

Photo

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

- Copy of PMDC Registration
- 2 Passport Size Photos
- Copy of CNIC
- Membership fee Rs. 2000/- may be paid by cash/cross cheque/bank draft in favour of Academy of Family Physicians Pakistan

Signature of Applicant

For Office Use Only

Ref. By : _____

Payment Mode : CHEQUE

CASH

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Cheque Number : _____

Drawn on Bank : _____

Dated : _____

Comments : _____