



PAKISTAN ENDOCRINE SOCIETY

PHOTO

MEMBERSHIP APPLICATION FORM

No.: _____

Name: _____

Resident Address _____

Office Address _____

Phone Numbers: Home _____ Office _____

Cell _____ E-mail _____

Date of Birth: Day Month Year

Educational Qualifications:

Medical College _____

Year of Graduation _____

Postgraduate Diploma/Degree _____

Institute/University _____

Year of Postgraduation _____

PMDC Registration Number _____

Presently working as _____

Application for member as:

Executive Member
(Rs. 1000/Annum)

Scientific Member
(Rs. 500/Annum)

Associate Member
(Rs. 200/Annum)

I hereby solemnly affirm that all the above-mentioned information given is true and correct.

Sign

Date

Proposer

For applying as Executive Member:

Seconder

Name: _____

Name: _____

Signature _____

Signature _____