



# PAKISTAN ISLAMIC MEDICAL ASSOCIATION

## ASSOCIATE MEMBERSHIP FORM

Membership No. \_\_\_\_\_  
(To be filled by office)

The President  
Pakistan Islamic Medical Association  
Assalam-o-Alikum

I have gone through the aims, objectives, rules, and regulations of Pakistan Islamic Medical Association, and having fully satisfied. I want to apply for the membership. My Particulars are as follows:

1. Name: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Educational Institute: \_\_\_\_\_
5. Address:
  - a) Present Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
  - Permanent Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(In case of any change it should be informed to central secretariate)

### 6. Academic Qualification

a)

S.No.	Professional Qualification	Institute	Year
	Intermediate		
	1st Professional		
	2nd Professional		
	3rd Professional		

b) Future Plans/ Speciality/ Research/ Field of Interest

\_\_\_\_\_  
\_\_\_\_\_

### 6. Affiliation with any other professional medical organization:

I am affiliated with the following organizations:

a) \_\_\_\_\_ As \_\_\_\_\_

b) \_\_\_\_\_ As \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

Membership of \_\_\_\_\_ is Granted/ Rejected

Signature of Local President \_\_\_\_\_ Place \_\_\_\_\_

Signature of Provincial President \_\_\_\_\_

Signature of General Secretary, (PIMA Pakistan) \_\_\_\_\_

Membership is Granted/ Rejected \_\_\_\_\_

Signature of President (PIMA Pakistan) \_\_\_\_\_ Date \_\_\_\_\_