



# PAKISTAN ISLAMIC MEDICAL ASSOCIATION

## MEMBERSHIP FORM

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

PMDC Reg. No. \_\_\_\_\_

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. Address: \_\_\_\_\_

5. Employment/ Practice \_\_\_\_\_

Designation \_\_\_\_\_ Phone: \_\_\_\_\_

6. Academic Qualification

a)

S.No.	Professional Qualification	Institute	Year

b) Speciality/ Research:

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 Doctor \_\_\_\_\_ 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 \_\_\_\_\_