



PAKISTAN SOCIETY OF CHEMICAL PATHOLOGISTS (PSCP)

PSCP MEMBERSHIP FORM

Name: _____ Age / Sex _____

Father's / Husband's Name: _____

National Identity Card No: _____

PMDC No: _____

Present Address: _____

Present Address: _____

Telephone No: Office: _____ Res: _____

Mobile: _____ Fax: _____

E-mail: _____

Present Place of Posting: _____

Educational Qualifications (Starting from MBBS or equivalent)

S. No	Graduation / Postgraduation	University/Institute	Year	Awards
1.				
2.				
3.				

Professional Experience

S. No	Job Designation	Name of Institution	Duration of Experience
1.			
2.			
3.			

Publications

Major Field of interest in Chemical Pathology: _____

Membership Fee: Annual: Full Member Fee Rs: 1000/-; Associate member Rs: 2000/-;

Onetime payment only: Life membership Rs: 10,000/-

For Bank Deposit: **Meezan Bank**, Account No: **02010100644558**

FOR OFFICE USE

Serial No: _____ Date: _____ Type of Membership: _____

Amount Received: _____ Cheque /Draft: _____

Cheques are made payable to "PAK. SOCIETY OF CHEMICAL PATHOLOGISTS"