



PAKISTAN SOCIETY FOR RHEUMATOLOGY

MEMBERSHIP APPLICATION FORM

Name

First Name

Initials Title

Qualification with detail

Type of Membership applied for: Executive Member / Member / Associate Member / Overseas Member
(Please delete whichever does not apply)

Work Address:

Hospital

.....

Tel:

Private Clinic

.....

Tel:

E-mail:

Home Address:

.....

Tel:

Date of Birth

Would you like the correspondence sent to you HOSPITAL / CLINIC / HOME address?
(delete as applicable)

Present Appointment

.....

Experience and special interests in Rheumatology, including previous appointments, training and practice, publications and presentations to scientific societies.

Singed

Date

We, the undersigned (Executive Members of the Pakistan Society for Rheumatology) testify that the above named who is personally known to us, is in every way a suitable candidate for election.

Proposed by..... Signature

Seconded by..... Signature

Kindly send your form duly signed by two executive members by post to:

General Secretary PSR
Dr. Muhammad Ahmed Saeed
Division of Rheumatology
Fatima Memorial Hospital College of
Medicine and Dentistry
Shadman, Lahore.
Cell: +92-300-9428195

OR

Membership Secretary PSR
Dr. Ahmad Iqbal Mirza
The Ziauddin University Hospital
Dean Office, 4/B Sharah-e-
Ghalib, Block 6,
Clifton, Karachi.
Cell: +92-300-2918897