



Life Membership Performa

PAKISTAN SOCIETY OF ANAESTHESIOLOGISTS, KARACHI CHAPTER

PMDC No. _____ CNIC No. _____

Name: _____

Father's/Husband's Name: _____

Date of Birth: _____ Degree(s) _____

Degree awarding institute(s): _____

Date of Obtaining Degree: _____

Working Institutes: _____

Postal Address: _____

Email Address: _____

Tel. No: _____ Cell No: _____

Fee Paid Cash/Vide Cheque/Pay order/DD No. _____ Date: _____

Drawn on Bank: _____

Amount Rs: _____ in words: _____

Date of application: _____

Applicant's Signature

Optional:

1. Proposer: _____ Membership Number: _____ Signature: _____

2. Seconder: _____ Membership Number: _____ Signature: _____

Requirements of membership

1. Must have Degree/Diploma holder in Anaesthesiology
 2. Filled membership form
 3. Attach photocopies of Degree(s) / Diploma(s)
 4. Photocopy of CNIC
 5. Photocopy of PMDC Certificate
 6. Pay order/Cheque of prescribed membership fee of Rs. 10,000/-
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For Office Use

Date of Executive Committee meeting: _____

Approval/Not Approval/Remarks: _____

Membership Number: _____ Date of issue: _____

President

Gen. Secretary

Pakistan Society of Anaesthesiologists Secretariat
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