

MEMBERSHIP APPLICATION FORM



INFECTIOUS DISEASES SOCIETY OF PAKISTAN

No. _____

Name	_____		
Mailing Address	_____		
Institute/ Organization	_____		
Department & Division	_____		
Designation	_____	PMDC No.	_____
Phone Number: Residence	_____	Office	_____
Cell	_____	E-mail	_____

Degree/ Diploma:

MBBS

MD

MSc Biological Scinec

BSc Nursing

MRCP

MCPS

FRCS

FCPS

MRCPPath

Ph. D

M. Phil

Pharma. D

DCH

Diplomate American Board

Other _____

Application for member as

- Full Member (Annual/ Life)
Rs. 500 for 1 yrs, Rs.3000/- for life
- Associate Member
Rs. 500/- for 1 yrs

Signature _____

Date _____

For Office Use Only**Approved/ Not Approved**

Membership No: _____ Reference No: _____

Comments: _____

Signature General Secretary: _____

FULL MEMBERSHIP:

Should be at least medical graduates registered with PMDC and having postgraduate qualification in any field.

Full member may be

1. Life: with payment of Rs.3000/-
2. Annual: with 1 years fee of Rs.500/-

ASSOCIATE MEMBERSHIP:

Ph. D, Master degree & M. Phill in biological sciences, BSc in Nursing & allied medical science with 2 yearly fee of Rs. 500/-

PRIVILEGES OF MEMBERSHIP:**FULL MEMBER:**

All the members shall have the right to:

1. Participate in all activities of the society.
2. Receive all publication including quarterly ID Journal free of cost.
3. Vote according to constitution of the society.

ASSOCIATE MEMBERS:

All the members shall have the right to:

1. Participate in programs of the society.
2. Receive all publication including quarterly ID Journal free of cost.

Please send your Application form by hand or by mail only.

Membership fee will only be received in cash/ cross cheque/ pay order or bank draft made out to Infectious Disease Society of Pakistan.

Mailing Address and Contact Nos:

Infectious Diseases Society of Pakistan
Top Floor, Bismillah Taqee Hospital, B-174/1, K.A.E.C.H.S. (Balcoah Colony), Karachi.
Tel: 021-4392098, Fax: 021-4538801
Cell: 0300-2272950. E-mail: idsp123@yahoo.com