

MEMBERSHIP APPLICATION FORM



INFECTIOUS DISEASES SOCIETY OF PAKISTAN

No. _____

Name Mailing Address Institute/ Organization Department & Division Field of Interest Designation PMDC No. Phone No. Residence Office Cell E-mail

Degree/ Diploma:

- | | | | |
|----------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> MBBS | <input type="checkbox"/> MD | <input type="checkbox"/> MSc Biological Scinec | <input type="checkbox"/> BSc Nursing |
| <input type="checkbox"/> MRCP | <input type="checkbox"/> MCPS | <input type="checkbox"/> FRCS | <input type="checkbox"/> FCPS |
| <input type="checkbox"/> MRCPath | <input type="checkbox"/> Ph. D | <input type="checkbox"/> M. Phil | <input type="checkbox"/> Pharma. D |
| <input type="checkbox"/> DCH | <input type="checkbox"/> Diplomate American Board of | <input type="text"/> | |

Other

Application for member as

- | | | |
|--|---|--|
| <input type="checkbox"/> Full Member (Annual/ Life)
Rs.500 for 1 yr, Rs.3000/- for life | <input type="checkbox"/> Overseas Member
US\$.100/- for Life | <input type="checkbox"/> Associate Member
Rs.500 for 1 yr, Rs.3000/- for life |
|--|---|--|

Signature_____
DateFor 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 year fee of Rs.500/-

ASSOCIATE MEMBERSHIP:

Ph. D, Master degree & M. Phill in biological sciences, BSc in Nursing & allied medical science with 1 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
A-53, Block-2, Gulshan-e-Iqbal, Karachi. Ph: 021-2040843
E-mail: idsp123@yahoo.com