

# Membership Form



## SOCIETY OF SURGEONS OF PAKISTAN LAHORE

Photograph

### Membership Application

The Secretary,  
Society of Surgeons of Pakistan,  
\_\_\_\_\_ Chapter,

Dear Sir,  
I hereby apply to become a **life/ ordinary / associate** member of the Society of Surgeons of Pakistan.  
I have read the Rule and Regulations of the Society and, if elected, agree to abide by them.

I am remitting Rs. \_\_\_\_\_  
**Date:** \_\_\_\_\_

Yours Sincerely,

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital/Educational/ Institute:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Residence:** \_\_\_\_\_

**Res.Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Qualifications** ( with the names of  
Universities or Licensing bodies and  
the dates of acquirement of the same)

MBBS \_\_\_\_\_ Year \_\_\_\_\_

FCPS / FRCS (Eding / Eng / Glasgow / Ireland) Year \_\_\_\_\_

MS ( \_\_\_\_\_ University ) Year \_\_\_\_\_

PMDC Registration Number: \_\_\_\_\_ Year \_\_\_\_\_

**Proposed By:**

**Seconded By:**

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Elected by The Executive

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Committee on \_\_\_\_\_

SECRETARY'S SIGNATURE

Membership No: \_\_\_\_\_

Alated by the SSP Lahore.

Signature \_\_\_\_\_