



PAKISTAN ASSOCIATION OF MEDICAL LABORATORY SCIENCES

Head office: Islamabad www.pamls.org

E-mail: info@pamls.org

MEMBERSHIP REGISTRATION FORM

Affix a
Photograph here

Do not Staple
Paste only

Name.....
(In Capital Letters)

Father's/ Husband's Name.....
(In Capital Letters)

Date of Birth..... Domicile CNIC.....

Postal Address.....

..... E-mail

Land line Ph#: Mobile#:

Qualification: B.Sc. M. Sc. M. Phil Ph. D. Other

Graduated From: *Institution*.....*University*.....

Passing Year..... Work Place..... Designation.....

Medical Technologist: (Check One) A) B.Sc. MLT B) Designation by Government

Membership: I wish to apply for PAMLS membership as:

Please check the fee paid per year:

- Full Member Rs. 200
- Associate Member Rs. 100

Note: CEC members and other designations will have to pay an additional fee of Rs. 2000 only once.

FOR ASSOCIATE MEMBERS ONLY:

I am a registered student of _____

I solemnly declare that all the information provided in this form is correct. I shall not be involved in any type of illegal, antigovernment or political activities. The PAMLS Central Executive Committee (CEC) has the authority to cancel my registration if found guilty of providing any false information, misconduct or a member of any other national MLT association.

Signature of Applicant..... Date.....

FOR OFFICIAL USE ONLY

Fee Receipt No..... Date.....

Registration No.....

Finance Secretary

Secretary Registration

Check List:

- 1- Two Photographs
- 2- B.Sc. MLT Degree/Result Card
- 3- Institutional ID Card/Other supporting document (For Students Only)