

## ASSOCIATE MEMBERSHIP

### Application for the Membership of PAFP for Medical Students (3rd, 4th & Final Year)

Please use CAPITAL LETTERS

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

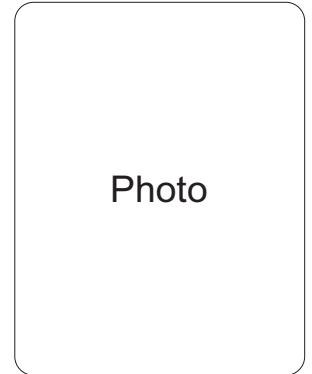
Father/Husband Name : \_\_\_\_\_

Postal Address : \_\_\_\_\_  
\_\_\_\_\_

Institute and year of Studies : \_\_\_\_\_

CNIC No : \_\_\_\_\_ Email : \_\_\_\_\_

Tel Res : \_\_\_\_\_ Mob : \_\_\_\_\_



Please send completed form to the following address along with documents mentioned.

- Bonafied Certificate of year of Study from respected Institution
- 2 Passport Size Photos
- Copy of CNIC
- Membership fee Rs. 3000/-

may be paid by Online/Cash/Cross Cheque/Bank Draft in favour of Academy of Family Physicians Pakistan

For Online Payments: United Bank Limited, IBAN No. Pk89 UNIL 0109 0002 2086 1979

or   @ 0321-5926660

\_\_\_\_\_  
Signature of Applicant

#### For Office Use Only

Ref. By : \_\_\_\_\_

Payment Mode : CASH   
CHEQUE / DRAFT   
ONLINE PAYMENT

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Cheque Draft Number : \_\_\_\_\_

Drawn on Bank : \_\_\_\_\_

Dated : \_\_\_\_\_

Comments : \_\_\_\_\_