



PAKISTAN SOCIETY OF ORAL & MAXILLOFACIAL PATHOLOGY

MEMBERSHIP FORM

Membership No. _____

Membership status _____

I, the undersigned, wish to be a member of Pakistan Society of Oral & Maxillofacial Pathology. I am enclosing herewith admission fee of Rs. _____ as Under grad /Post grad /Consultant in form of _____ cash/cheque / Bank Draft (1000/- UG, 3000/-PG, 5000/- Consultant)

No. _____ Drawn on _____ dated _____.

Please accept the same and enroll me as member of the Association.

I agree to abide by the rules & regulations of the said association under its constitution & byelaws from time to time.

Date: _____

(Signature of the member)

NAME: _____

RES. ADD. _____

(Please tick mailing address in the box below)

_____ Phone: _____

College/Off. ADD. _____

_____ Phone: _____

E-mail Id: _____ Mobile No. _____ DOB _____

Passed BDS/MBBS In the year _____ from _____ University

Date of joining MDS/M. Phil /PhD (Oral Path.) _____

For queries you can visit our page <http://www.facebook.com/PakistanSocietyOfOralPathologists>

Fill the form and send with a Bank Draft or Pay Check of the required amount to:

Society Secretariat 69 XX, Phase III, Khayaban-e-Iqbal Road, DHA Lahore. Psmc h: 0321-4894164 Email: dr.nrkhan@gmail.com

Or deposit online to HBL A/C No 15807900085303, Dr Nauman Khan, SMC Br, Lahore.