



PAKISTAN CARDIAC SOCIETY

Speedy Tower, Office # 102, 1st Floor, 131/II, Main Korangi Road, Phase-1, DHA, Karachi, Pakistan,
Phone: 021-35388459, Email: pakcardiacsociety@gmail.com Website: www.pcs.org.pk

Membership Application Form

Name (Block Letter): _____

Mailing Address: _____

_____ Date of Birth: _____

Phone Clinic/Office: _____ Residence: _____ Mobile: _____

Email Address (Mandatory): _____

Present Appointment: _____

Qualification	UNIVERSITY /EXAMINATION BODY	YEAR
<ul style="list-style-type: none"> • M.B.B.S. or Equivalent • Postgraduate Medicine / Surgery (FCPS or Equivalent) • Postgraduate Cardiology Diploma/Degree 		

PMDC Reg.No: _____ Valid till: _____

I solemnly affirm that I shall abide by the rules and regulations of the Pakistan Cardiac Society and will not do anything contrary to the interests of the Pakistan Cardiac Society.

Date: _____ Signature: _____

Document Required

- C.V including list of publications/CME activities
- Scanned copy of highest degree/diploma
- Scanned copy of Payment receipt
- Appropriate fee can be deposited in National Bank, IBAN # PK60NBPA0280004099282303, NICVD branch Karachi. Copy of receipt should accompany the application. Payment can also be sent as Bank draft/Pay order in favor of Pakistan Cardiac Society.
- Print the form, complete the detail along with signature. Send scanned copy to pakcardiacsociety@gmail.com or mail it to central office(Heart House) Pakistan Cardiac Society
- Incomplete applications will not be processed.

Proposed by Prof/Dr. _____

Signature: _____ Date: _____ Membership No: _____

Seconded by Prof/Dr. _____

Signature: _____ Date: _____ Membership No: _____

For Office Use Only

Date received: _____ Put before the Council: _____

Payment amount: _____ dated: _____

Bank / Branch: _____

Approved for: Life Member Full Member Associate Member

Date of Approval: _____ Signature of President PCS: _____