



RADIOLOGICAL SOCIETY OF PAKISTAN

MEMBERSHIP FORM

Life Member Full Member Associate Member

First Name: _____ Middle Name: _____ Surname: _____

Position: _____

Institute: _____

Postal Address: _____

Contact: _____ Phone (Off): _____ Phone (Res) _____

Email: _____ Web: _____

Qualification: _____ PMDC Registration No: _____

I wish to Apply for the Life / Full / Associate membership of the RADIOLOGICAL SOCIETY OF PAKITAN. I have read the constitution of the society and agree to abide the rules. I am enclosing a Bank Draft / Pay.

Order No: _____ Dated: _____ For Rupees: _____

Signature: _____

Date: _____

Proposed by

Seconded by

Name: _____
RSP LM No: _____
Address: _____

Email: _____
Signature: _____

Name: _____
RSP LM No: _____
Address: _____

Email: _____
Signature: _____

Recommended / Non-Recommended

Signature of Concerned
Councilor

For Office Use Only

Date of Application: _____ Computer No: _____

Date of Application renewed by the Executive Council: _____

Membership: _____ Approved / Rejected _____ Membership No: _____

Membership Fee:

Signature of General Secretary

Life Members Rs. 50,000/- **Full Members** Rs. 15,000/- **Associate Members** Rs. 1000/- Annum
Corresponding member 100US \$ /Annum, Clause-3 Constitution of RSP.

INSTRUCTION

Please enclose two color photographs of passport size, one pasted in the box above Please enclose a Draft/Pay order in favor of RADIOLOGICAL SOCIETY OF PAKISTAN Attested photocopy of PMDC registration certificate

Attested photocopy of Postgraduate degree/diploma

Attested photocopy of CNIC

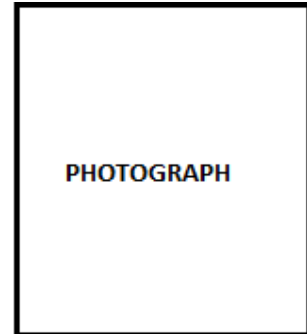
Experience Certificate on Department letterhead duly signed by Head of the Department (for Associate membership)

*For eligibility criteria for membership of the society, please visit our website www.radiologypakistan.org.pk

**Central office RSP Building 2nd Floor 51/13 Kacha Lawrence Road,
Lahore, Pakistan**

Tel No: +9242-35466680, Mob: 03004204410

Centralofficersp@gmail.com



PHOTOGRAPH