



Serial no. \_\_\_\_\_  
(Office Use Only)

# PAKISTAN SOCIETY OF INTERNAL MEDICINE

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## MEMBERSHIP FORM

NAME												<b>Photo</b> 3.5 cm x 4.5cm		
FATHER / HUSBAND NAME														
DATE OF BIRTH														
CNIC #						-							-	
DESIGNATION														
PMDC / MEDICAL REGISTRATION NO.														
TERMINAL QUALIFICATION IN INTERNAL MEDICINE														
UNIT / INSTITUTE														
MAILING ADDRESS														
CELL NO.														
E-MAIL														
MEMBERSHIPS OF OTHER SOCIETIES														
MEMBERSHIPS APPLIED	(Tick Any one) <b>LIFE TIME</b> <input type="checkbox"/> <b>ASSOCIATE</b> <input type="checkbox"/> <b>FOREIGN MEMBER</b> <input type="checkbox"/> (Fee PKR 10,000/-) (Fee PKR 5,000/-) (Fee USD 100/-)													
MODE OF PAYMENT:	Bank Account Title: <b>Pakistan Society of Internal Medicine</b> , Bank Name: <b>Bank of Punjab</b> IBAN: <b>PK10BPUN6580185450700021</b> (Payment may be processed via Online Transfer / Cash or Cheque Deposit)													
PROPOSER NAME								PSIM NO.						

### Document Required:

- (i) Copy of CNIC
- (ii) Copy of Internal Medicine Certificate / Degree Terminal Qualification in Internal Medicine
- (iii) Copy of PMDC /GMC/ Other Licensing Body

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Signature of Applicant