



RADIOLOGICAL SOCIETY OF PAKISTAN

MEMBERSHIP FORM

Life Member Full Member Associate Member

First Name _____ Middle Name _____ Surname _____

Position: _____

Institution: _____

Postal Address: _____

Contacts: _____

Mobile _____ Phone(Off) _____ Phone(Res) _____

Email: _____ Web: _____

Qualification: _____ PMDC Registration No. _____

Photograph

I wish to apply for the LIFE / Full / Associate membership of the RADIOLOGICAL SOCIETY OF PAKISTAN.
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

Name: _____

RSP LM No.: _____

Address: _____

Email: _____

Signature: _____

Seconded by

Name: _____

RSP LM No.: _____

Address: _____

Email: _____

Signature: _____

Recomended / Non Recomend

Signature of the concerned councillor

For Office Use Only

Date of application received: _____ Computer No. _____

Date of Application reviewed by the Executive Council: _____

Membership: _____ Approved / Rejected _____ Membership No: _____

Signature of Secretary General

Membership fee:

Life Members-Rs. 25,000/-, Full Members-Rs.1000/Annum, Associate Members-Rs.500/Annum Corresponding Member US 100 /Annum, Clause-3 of constitution of RSP.

INSTRUCTIONS

- 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

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