

Date :

Reg #

**SOCIETY OF ISLAMABAD INSTITUTE OF SONOGRAPHY**

**MEMBERSHIP FORM**

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| ***Name*** |
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| ***Clinic name*** |
| ***Clinic Address*** |
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| ***CONTACT # Home/clinic/hospital*** |
| ***Basic qualification/Degree*** |
| ***Speciality*** |
| ***Certification*** |
| ***Diploma*** |
| ***Areas Of Interest :***  ***Abdomen ultrasound Vascular Ultrasound***  ***Gynae/Obst ultrasound Echocardiography***  ***Small Parts Ultrasound ARDMS***  ***Musculoskeletal Ultrasound Miscellaneous Workshops***  ***Others(please specify)*** |
| ***Donation To J & Js Trust : If you wish to make a donation to J & Js Trust ,kindly mention the amount*** |
| ***Donate : Amount :*** |
| ***From Where You Come To know about us***  ***Google Website Facebook***  ***Newspaper Friend*** |
| ***Annual Membership Fees , Rs 1000/- Lifetime membership Fees : Rs 3000/-*** |
| ***Cash: Cheque : Online deposit :*** |
| ***Requirements : Copy of CNIC , Copy of degree , 2 passport size pictures*** |

Signature of applicant Signature of CEO Official stamp

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