

Date :

Reg #

**SOCIETY OF ISLAMABAD INSTITUTE OF SONOGRAPHY**

 **MEMBERSHIP FORM**

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| ***Name***  |
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| ***Clinic name*** |
| ***Clinic Address***  |
| ***Home Address*** |
| ***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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