



# PAKISTAN CARDIAC SOCIETY

Speedy Tower, Office # 102, 1st Floor, 131/II, Main Korangi Road, Phase-1, DHA, Karachi, Pakistan,  
Phone: 021-35388459, Email: [pakcardiacsociety@gmail.com](mailto:pakcardiacsociety@gmail.com) Website: [www.pcs.org.pk](http://www.pcs.org.pk)

## Membership Application Form

Name (Block Letter): \_\_\_\_\_

PMDC / PMC Reg.No: \_\_\_\_\_ Valid till: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Clinic/Office: \_\_\_\_\_ Res: \_\_\_\_\_ Mob: \_\_\_\_\_

Email Address (Mandatory): \_\_\_\_\_

Present Appointment: \_\_\_\_\_

Hospital: \_\_\_\_\_

Photograph

Qualification	UNIVERSITY / EXAMINATION BODY	YEAR
• M.B.B.S. or Equivalent		
• Postgraduate Medicine / Surgery (FCPS or Equivalent)		
• Postgraduate Cardiology Diploma/Degree		

Bank draft / Pay order/ online Reference: \_\_\_\_\_ dated: \_\_\_\_\_

Payment amount: \_\_\_\_\_ Bank / Branch: \_\_\_\_\_

I solemnly affirm that I shall abide by the rules and regulations of the Pakistan Cardiac Society and will not do anything contrary to the interests of the Pakistan Cardiac Society.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Document Required

- Photograph
- C.V including list of publications/CME activities
- Photocopy / Scanned copy of CNIC
- Photocopy / Scanned copy of highest degree/diploma
- Photocopy / Scanned copy of Valid PMDC/PMC Certificate
- Photocopy / Scanned copy of Payment receipt
- Appropriate fee (Rs. 5000/- for new membership) can be deposited in **National Bank, IBAN # PK60NBPA0280004099282303, NICVD branch Karachi**. Payment can also be sent as Bank draft/Pay order / online in favor of Pakistan Cardiac Society.
- Print the form, fill details along with signature. Email to [pakcardiacsociety@gmail.com](mailto:pakcardiacsociety@gmail.com) or courier/mail to Heart House, Pakistan Cardiac Society Secretariat (above mentioned address).
- Incomplete applications will not be processed.

Proposed by Prof/Dr. _____
Signature: _____ Date: _____ Membership No: _____
Seconded by Prof/Dr. _____
Signature: _____ Date: _____ Membership No: _____

### For Office Use Only

Application date received: \_\_\_\_\_ Put up before the Council: \_\_\_\_\_

Bank draft / Pay order/ online Reference: \_\_\_\_\_ dated: \_\_\_\_\_

Payment amount: \_\_\_\_\_ Bank / Branch : \_\_\_\_\_

Approved for: Life Member  Full Member  Associate Member

Date of Approval: \_\_\_\_\_ Signature of President PCS: \_\_\_\_\_