



# PAKISTAN SOCIETY FOR THE STUDY OF LIVER DISEASES

## MEMBERSHIP FORM

NAME: \_\_\_\_\_

QUALIFICATION(S): \_\_\_\_\_ PMDC No. \_\_\_\_\_

WORK PLACE: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_

CELL NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ NIC NUMBER \_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

### **CRITERIA FOR REGULAR MEMBERSHIP APPLICANT:**

Current CV of Applicant

Basic Medical Qualification of Applicant should be FCPS, MRCP, DAB or Equivalent

Enclose - Photocopies of Credentials

Enclose - Photocopies of Certificate(s) of Participation PSSLD Conferences/ Courses/  
Workshops/ Seminars

Complete Application Form with documents must be recommended by PSSLD Office  
Bearers/ Member Executive Council

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