

Office use only: Life/Active/International/Associate/Candidate  
Dues Paid Rs \_-----Dated -----Form Complete -----

## PAKISTAN ACADEMY OF COSMETIC SURGEONS (PACS)



### MEMEBERSHIP APPLICATION

- Active/Life                       Associate  
 International                       Candidate

ATTACH  
RECENT  
PHOTOGRAPH

### PERSONAL DATA:

Dr.  Mr.  Prof.  Other

Name:

Date of Birth:

Email:

Mobile :

Home Address:

Hospital Address:

Clinic Address:

### PROFESSIONAL QUALIFICATIONS:

Pre Medical College:

Degree:

Date:

Medical College:

Degree:

Date:

Internship / House Job:

Hospital:

Dates:

General Surgery Training:

Hospital:

Dates:

Plastic Surgery Training:

Hospital:

Dates:

Cosmetic Surgery Training:

Hospital:

Dates:

### Post training fellowship / Senior Registrar in Plastic Surgery (Location / Dates):

- 1.
- 2.

### Specialty / Fellowship

State/Country:

Date:

Licence No:

(General Surgery, Plastic Surgery, Cosmetic Surgery)

- 1.
- 2.
- 3.

Membership in Professional Organizations:

Date Admitted:

1. PAPS
- 2.
- 3.

**RECOMMENDATION BY SPONSORS:**

Two sponsors are required for all new member application. The sponsors must be Life/Active Members of the PAPS/PACS.

Each must sign & date this application

**SPONSOR 1**

Name:

Address:

Signature:

Date:

**SPONSOR 2**

Name:

Address:

Signature:

Date:

Other letters of recommendation from those familiar with your professional activities are welcome. The membership committee is particularly interested in receiving letters from chiefs of services of hospitals etc where you worked.

In making this application for membership, I agree to abide by the by laws of the PACS.

\_\_\_\_\_

\_\_\_\_\_

**Date**

**Signature of Applicants**

**PLEASE ENCLOSE COPIES OF YOUR POST-GRADUATE QUALIFICATIONS, COPY OF PMDC AND ALL OTHER CERTIFICATES. SEND COMPLETED FORM TO SECRETARY PACS BY POST.**

Review will be done by Membership Committee before each Annual Meeting. Applicant will be notified by mail after the Annual PACS Meeting.

**FOR OFFICE USE ONLY**

Yr of Graduation:

Yr of Post-Graduation:

Yrs of experience in Plastic Surgery

FCPS/MS(Plast)(CS) Cert

PMDC Cert

Recommended for membership (Category): Yes / No

If NO: state reason:

Signature of Chairman Membership Committee

Date

**ACCEPTANCE BY BOARD OF DIRECTORS IN ANNUAL MEETING:**

Date:

Signature of Secretary:

Signature of President:

**PAYMENTS:**

Date: \_\_\_\_\_ Rs \_\_\_\_\_ Cash / Cheque

Date: \_\_\_\_\_ Rs \_\_\_\_\_ Cash / Cheque