		Office use only: L Dues Paid Rs			
PAKI	STAN ACAI	DEMY OF C	OSMETIC	SURGEON	S (PACS)
	MEMEBERSHIP AF				
	∐Active/Life	□Associate			ATTACH
	∐International	∐Candidate			RECENT PHOTOGRAPH
PERSONAL I	DATA:				
\Box Dr. \Box Mr. \Box Pr	of. □Other	Name:	Da	ate of Birth:	
Email:			Mobile □:		
Home Address:					
Hospital Addres	s:				
Clinic Address:					
PROFESSION	NAL QUALIFICA	ATIONS:			
Pre Medical Col	lege:		Degree:	Date:	
Medical College	:		Degree:	Date:	
Internship / Hou	se Job:	Hospital:	Dates:		
General Surgery	Training:	Hospital:	Dates:		
Plastic Surgery	Гraining:	Hospital:	Dates:		
Cosmetic Surger	ry Training:	Hospital:	Dates:		
Post training fe 1. 2.	llowship / Senior R	egistrar in Plastic	Surgery (Locati	ion / Dates):	
Specialty / Fello	owship tic Surgery, Cosmetic Surge	State/Country:	Date:	Licence N	Io:

3.

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 SPONSOR 2 Name: Name: Address: Signature: Signature: Date: 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	Date Admitted:	Membership in Professional Organ
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 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.		1. PAPS
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: 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.		
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: 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.		3.
of the PAPS/PACS. Each must sign & date this application SPONSOR 1 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.	:	RECOMMENDATION BY SPON
Each must sign & date this application SPONSOR 1 Name: Address: 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.	ember application. The sponsors must be Life/Active Members	
SPONSOR 1 Name: Address: 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.		
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.	SPONSOR 2	
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.	Name:	Name:
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.		Address:
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.		•
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:	Date:
Digitature of Application		
	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.	Signature of Applicants	Date
FOR OFFICE USE ONLY	T-GRADUATE QUALIFICATIONS, COPY OF PMDC AND ALL ED FORM TO SECRETARY PACS BY POST.	PLEASE ENCLOSE COPIES OF YOU OTHER CERTIFICATES. SEND COM Review will be done by Membership (
Yr of Graduation: Yr of Post-Graduation: Yrs of experience in Plastic Surger	T-GRADUATE QUALIFICATIONS, COPY OF PMDC AND ALL ED FORM TO SECRETARY PACS BY POST. Itee before each Annual Meeting. Applicant will be notified by mail	PLEASE ENCLOSE COPIES OF YOU OTHER CERTIFICATES. SEND COM Review will be done by Membership (
FCPS/MS(Plast)(CS) Cert \square PMDC Cert \square Recommended for membership (Category): Yes / No	T-GRADUATE QUALIFICATIONS, COPY OF PMDC AND ALL ED FORM TO SECRETARY PACS BY POST. Itee before each Annual Meeting. Applicant will be notified by mail OR OFFICE USE ONLY	PLEASE ENCLOSE COPIES OF YOU OTHER CERTIFICATES. SEND COM Review will be done by Membership Cafter the Annual PACS Meeting.
If NO: state reason:	T-GRADUATE QUALIFICATIONS, COPY OF PMDC AND ALL ED FORM TO SECRETARY PACS BY POST. Itee before each Annual Meeting. Applicant will be notified by mail OR OFFICE USE ONLY Post-Graduation: Yrs of experience in Plastic Surgery PMDC Cert	PLEASE ENCLOSE COPIES OF YOU OTHER CERTIFICATES. SEND COM Review will be done by Membership Cafter the Annual PACS Meeting. Yr of Graduation: FCPS/MS(Plast)(CS) Cert
Date Signature of Chairman Membership Committee	T-GRADUATE QUALIFICATIONS, COPY OF PMDC AND ALL ED FORM TO SECRETARY PACS BY POST. It tee before each Annual Meeting. Applicant will be notified by mail OR OFFICE USE ONLY Post-Graduation: Yrs of experience in Plastic Surgery PMDC Cert Yes / No	PLEASE ENCLOSE COPIES OF YOU OTHER CERTIFICATES. SEND COM Review will be done by Membership Cafter the Annual PACS Meeting. Yr of Graduation: FCPS/MS(Plast)(CS) Cert Recommended for membership (Categorian)
ACCEPTANCE BY BOARD OF DIRECTORS IN ANNUAL MEETING:	T-GRADUATE QUALIFICATIONS, COPY OF PMDC AND ALL ED FORM TO SECRETARY PACS BY POST. Itee before each Annual Meeting. Applicant will be notified by mail OR OFFICE USE ONLY Post-Graduation: Yrs of experience in Plastic Surgery PMDC Cert	PLEASE ENCLOSE COPIES OF YOU OTHER CERTIFICATES. SEND COM Review will be done by Membership Cafter the Annual PACS Meeting. Yr of Graduation: FCPS/MS(Plast)(CS) Cert Recommended for membership (Categor If NO: state reason:
Date: Signature of Secretary:	T-GRADUATE QUALIFICATIONS, COPY OF PMDC AND ALL ED FORM TO SECRETARY PACS BY POST. Itee before each Annual Meeting. Applicant will be notified by mail OR OFFICE USE ONLY Post-Graduation: Yrs of experience in Plastic Surgery PMDC Cert Yes / No Signature of Chairman Membership Committee	PLEASE ENCLOSE COPIES OF YOU OTHER CERTIFICATES. SEND COM Review will be done by Membership Cafter the Annual PACS Meeting. Yr of Graduation: FCPS/MS(Plast)(CS) Cert Recommended for membership (Categor If NO: state reason: Date
Signature of President:	T-GRADUATE QUALIFICATIONS, COPY OF PMDC AND ALL D FORM TO SECRETARY PACS BY POST. Itee before each Annual Meeting. Applicant will be notified by mail OR OFFICE USE ONLY Post-Graduation: Yrs of experience in Plastic Surgery PMDC Cert Yes / No Signature of Chairman Membership Committee RS IN ANNUAL MEETING:	PLEASE ENCLOSE COPIES OF YOU OTHER CERTIFICATES. SEND COM Review will be done by Membership Cafter the Annual PACS Meeting. Yr of Graduation: FCPS/MS(Plast)(CS) Cert Recommended for membership (Categor If NO: state reason: Date ACCEPTANCE BY BOARD OF DIR
	T-GRADUATE QUALIFICATIONS, COPY OF PMDC AND ALL D FORM TO SECRETARY PACS BY POST. Itee before each Annual Meeting. Applicant will be notified by mail OR OFFICE USE ONLY Post-Graduation: Yrs of experience in Plastic Surgery PMDC Cert Yes / No Signature of Chairman Membership Committee RS IN ANNUAL MEETING:	PLEASE ENCLOSE COPIES OF YOU OTHER CERTIFICATES. SEND COM Review will be done by Membership Cafter the Annual PACS Meeting. Yr of Graduation: FCPS/MS(Plast)(CS) Cert Recommended for membership (Categor If NO: state reason: Date ACCEPTANCE BY BOARD OF DIR Date: Signature of President:
Date: Rs	T-GRADUATE QUALIFICATIONS, COPY OF PMDC AND ALL DEFORM TO SECRETARY PACS BY POST. Itee before each Annual Meeting. Applicant will be notified by mail OR OFFICE USE ONLY Post-Graduation: Yrs of experience in Plastic Surgery PMDC Cert Yes / No Signature of Chairman Membership Committee RS IN ANNUAL MEETING: Signature of Secretary:	PLEASE ENCLOSE COPIES OF YOU OTHER CERTIFICATES. SEND COM Review will be done by Membership Cafter the Annual PACS Meeting. Yr of Graduation: FCPS/MS(Plast)(CS) Cert Recommended for membership (Categor If NO: state reason: Date ACCEPTANCE BY BOARD OF DIR Date: Signature of President: PAYMENTS: