

Application for membership of the Punjab Cancer Registry

Name of the applicant

Specialty

Institution

Participation How will you contribute to the reporting of cancer cases to the Registry?

*National Identity Card number

E-mail address

Phone number

Postal address

I hereby undertake that I will abide by the rules and regulations of the Punjab Cancer Registry, if given membership by the Membership Committee.

Signature

Date

*NOTE: The form will be processed only on receipt of a copy of the National Identity Card along with this form.

Approved by

Membership Committee:

Signature & Date

Dr. Farhana Badar (Secretary)

Dr. Dr. Tanveer Mustafa (Member)

Dr. Omar Chughtai (Member)

Dr. Sajid Mushtaq (Chairperson)
