

## Application for membership of the Punjab Cancer Registry

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Name of the applicant

Specialty

Institution

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

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\*National Identity Card number

E-mail address

Phone number

Postal address

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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.

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Approved by

Name	Signature & Date
Dr. Farhana Badar (Secretary)	_____
Dr. Alia Ahmad (Chairperson)	_____
Dr. Asima Naz (Member)	_____