

PAKISTAN HYPERTENSION LEAGUE (PHL)
(Application for Membership) (Non-Physician)

Name(Block Letter) _____

Residential Address _____

Office Address _____

Telephone Nos.

Office: _____ Res: _____ Fax: _____ Mobile: _____

Email: _____ Occupation/Trade: _____

Short Bio-Data, Qualifications & Distinctions:

I solemnly affirm that I shall abide by the rules and regulations of the Pakistan Hypertension League and will make efforts for the cause of Pakistan Hypertension League and will uphold the interests of the league and will not do anything to its contrary.

Signature: _____

Date: _____

The application must be accompanied by a crossed cheque of Rs. 5,000.00 only as life membership fee (non-refundable) payable to the Pakistan Hypertension League.

Proposed By:

Name: _____

Signature: _____

Life-Member PHL

Seconded By:

Name: _____

Signature: _____

Life-Member PHL

Approved By:
President P.H.L.

Approved Application
& Cheque received.

General Secretary P.H.L.

For Correspondence: The General Secretary, Pakistan Hypertension League, National Institute of Cardiovascular Diseases, Rafiqui (H.J.) Shaheed Road, Karachi-75510, Pakistan.
Phone Nos: (92-21) 9201286, 9201271 Fax: (92-21) 9201287. Email: nicvd@khi.comstats.net.pk