

**PAKISTAN HYPERTENSION LEAGUE (PHL)**  
**(Application for Membership) (Physician)**

Name (Block Letter) \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. Work: \_\_\_\_\_ Home: \_\_\_\_\_ Clinic: \_\_\_\_\_

Fax \_\_\_\_\_ Email: \_\_\_\_\_

Registrations No. with the Pakistan Medical & Dental Council: \_\_\_\_\_

Present Appointment: \_\_\_\_\_

Qualification:

DEGREE	UNIVERSITY/EXAMINING BODY	YEAR

Short C.V., Distinctions & Publications (Please also attach list of publications):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
Approved By:  
President P.H.L.

Signature: \_\_\_\_\_

Life-Member PHL

Seconded By:

Approved Application  
and Cheque received.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Life-Member PHL

\_\_\_\_\_  
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