

KHYBER MEDICAL COLLEGE ALUMNI ASSOCIATION



APPLICATION FOR MEMBERSHIP

(Please write in capital letters)

Type of Membership Applied for:

Life Member Member Associate Member

Recent
Photograph

Full Name: _____

Graduation from K.M.C/ Other college: _____

Year of Graduation: _____

Teaching Experience at KMC: _____ years (For those who are not graduates of KMC)

Present Designation: _____

Mailing address: _____

Permanent Address: _____

Telephone No: Office: _____ Res: _____

Clinic: _____ Mobile: _____

Email Address: _____

Fax: _____

Gender: Male Female

Enclosed Photocopies of the Following Documents:

- Two Passport Size Photographs
- KMC Teaching Experience(not mandatory) – optional
(For those who are not KMC graduates)
- Bank Draft No: _____ Amount Rs: _____ Date: _____

Note: The rates of membership fees are as under:

For KMC Graduates Inland (Pakistan)		For KMC Graduates abroad (UK/USA)	
Life time membership fee	Rs.5000/- (once for lifetime)	Life time membership	\$ 1000/-
Membership fee	Rs.500/- per year	Membership fee	\$ 100/-

(Please add bank charges Rs.125.00 in case of out station cheques)

Bank Draft/Cheques made Payable to “**Khyber Medical College Alumni Association**”.

Date: _____

(Signature)