Medical Lab. Technologists Association of Pakistan (MLTAP)

Certifying Excellence In Diagnostic & Research

Web: www.mltap.com.pk E-mail: info@mltap.com.pk

Registration Form for the Membership of MLTAP

Personal Information

Name:

Father's Name:

D.O.B: – –

N.I.C. #: – –

PHOTO

Domicile:

Address:

Email:

Ph: Cell: Fax:

Academics / Professional Information

Qualification:

Institute:

Designation:

Organization:

Ph: Fax:

Medical Technologist

☐ By Profession ☐ By Qualification

Registration Type

☐ Three (3) Years ☐ Associate ☐ Student

For Office Use Only

ID: Date: Fee Rs:

Registration No: Admin Sig:

HEAD OFFICE: House # B-24, Rawal Dam Colony, Islamabad - 44000, Pakistan. Cell: +923217743814
REGIONAL OFFICE: House # 5-A, Stadium Road, Officer Colony, Rahim Yar Khan - 64200
Tel: +92-68-5874610 Cell: +92-333-5216610

DISCIPLINE

1. Do not misuse the name of association at any forum.
2. Abide by all the decisions taken by the executive body.
3. Do not take part in any illegal activities being a member of the association.
4. Make it compulsory to attend all the meetings called by the association.
5. It is mandatory to maintain and send monthly activities & progress report to the head office of the association.

UNDERTAKING BY THE MEMBER AT THE TIME OF REGISTRATION

I pledge to confine my activities to the academic, healthy & positive pursuits as a member and will not indulge in any illegal activities sponsored or promoted by the political parties and association working in or outside the country directly or indirectly.

I fully understand that in case of breaking my pledge, I shall be liable to be expelled and cancelled my registration from the association.

Signature of the Member

Versified by Representative, MLTAP.

Counter signed by:
President / General Secretary

Reference

Name:

Address:

N.I.C #:

Signature:

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