

Application for Punjab Cancer Registry membership

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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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\*Computerized National Identity Card number (CNIC)

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 on receipt of a copy of the CNIC with it.

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Approved by

Name

Signature & Date

Dr. Haseeb Ahmed Khan (Member) \_\_\_\_\_

Dr. Bushra Ahsan (Member) \_\_\_\_\_

Dr. Farhana Badar (Secretary) \_\_\_\_\_

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