Health Research Advisory Board
Developing Health Research Ecosystem of Pakistan

Application Form
Regular Member

Personal Information		
Name:		Cell No.:
Date of birth:		
Residential address:		
City:	State:	Postal Code:
Email address:		

Professional Information	
Qualification(s):	Institute:
Medical College:	Position/Designation:
Specialty:	Department:

☐ I agree with the vision and objectives of HealthRAB and wish to become a HealthRAB Regular Member (for 2 years).

_____ **Date**

_____ **Signature of applicant**

Please send the completed form to us by post at the following postal address:
Muhammad Ali Society Post Office Building 64/21, Miran Muhammad Shah Road, Karachi, Pakistan

For Office Use Only				
Please check the box	New Member ☐	Membership Renewal ☐	Form No.: _____	Form Received on:_____
This membership is valid from _____ to _____ (2 years)				Membership No.: ___ /___ ___ ___ /___ ___

_____
Gen. Secretary
HealthRAB

Muhammad Ali Society Post Office Building 64/21, Miran Muhammad Shah Road, Karachi, Pakistan
Cell No: **(92) 336 3661997** Email: **info@healthrab.org**
Website: **www.healthrab.org**