



PATIENT BENEVOLENT SOCIETY

SHAIKH ZAYED MEDICAL COMPLEX, LAHORE



خدا مہرباں ہوگا عرشِ بریں پر

کرو مہربانی تم اہل زمین پر

MEMBERSHIP FORM

Name: _____

S/O, D/O: _____

Department/Class: _____

Nic #: _____

Email Address: _____

Blood Group: _____

Contact: _____

Postal Address: _____



Section of Interest

Choose One (✓)

(a) Medicine Section (b) Camping Section (c) Fund raising Section (d) Blood Section (e) Publication Section

Your Motivation to Join PBS (Mention on a Brief Note)
