Registration Form for the Membership of MLTAP

Personal Information

Name:
Father’s Name:
D.O.B: __-__-__  N.I.C. #: __-__-__-
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:
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

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<tbody>
<tr>
<td>Name:</td>
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<td>N.I.C #:</td>
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