



Midwifery Association of Pakistan

MEMBERSHIP FORM



First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Place of Birth _____

Marital Status Single Married Other _____
(specify)

CINC No. _____ Passport No. _____

Religion _____ Gender Female Male Other

Country of Citizenship _____ Country of Residence _____

Present Address _____

City _____ Province _____ Zip/Postal Code _____

Email Address _____

Phone Number(s) _____

Home, Cell, Work, Fax

Preference Day time Evening time Use the same number for day and evening time

Pakistan Nursing Council Registration No. _____

Academic Qualification Tick where applicable

Qualification	Passing Year	Institution	Board/University
<input type="checkbox"/> Matriculation / <input type="checkbox"/> O-Level			
<input type="checkbox"/> FA / <input type="checkbox"/> FSC / <input type="checkbox"/> A-Level			
<input type="checkbox"/> BA / <input type="checkbox"/> BSC / <input type="checkbox"/> BSCN			
<input type="checkbox"/> MA / <input type="checkbox"/> MSC / <input type="checkbox"/> MSCN			
PHD			

Professional Qualification

Qualification	Period		Institution	Board/University
	From	To		
Nurse Midwifery				
Pupil Midwifery				
LHV				
CMW				
Student Midwife				

Current Employment

Employ Type _____ Job Title _____

Institution/Organization Name _____

Employer Address _____

Voluntary Experience

Role _____ Organization Name _____

Please List your Core Responsibilities in your place voluntary service

Communication

We would like to stay in touch with you please provide us with your most preferred methods of communication

Any Email SMS Whatsapp

I hereby certify that the information contained in this application is true and correct

Certified By
(Necessary Only for initial registration)
Date _____

Applicant Signature

Must attach midwifery diploma copy or PNC registration copy along with MAP membership form.

The fee structure is applicable from January 2017

Membership Type	Fee
<input type="checkbox"/> For CMWs/LHVs/Pupil midwife 3 Years	Rs 500
<input type="checkbox"/> RNRM 3 Years	Rs 2000
<input type="checkbox"/> Student Midwife	Rs 500
<input type="checkbox"/> Above 60+ lifetime	-

Office Use Only

MAP Registration Number _____ Registration Validity From _____ To _____

Midwifery Association Pakistan (MAP)

Pakistan Medical Association (PMA), Building at Agha Khan 3rd Road Garden, Saddar Karachi

Telephone # 021-32226668

Email: midwiferyassociationofpakistan@gmail.com