

Advisory Committee Membership Form

Name: _____ CNIC No. _____

Age (DOB): DD/MM/YY _____ Gender _____

Recommender Name: _____ Recommender No: _____

Experience in Years _____ Specialization _____, _____

Organization Name _____

Organization Address _____

Office Address if different then above _____

Designation _____

Qualification _____

Contact/ mailing Address _____

Sub-District: _____ District: _____ Province: _____

Telephone _____ Fax _____

Cell _____ E-mail _____

Signature _____ Date _____

For Office use:

AC Membership request approved: _____ AC Membership No. _____

Membership deferred _____ Not approved _____

Signature of the Committee: _____

- Note:**
- 1- AC members will hold election every year for election of Chair and vice chair of the forum
 - 2- AC will meet on quarterly basis to review progress and advice for future plan
 - 3- AC Membership fee is Rs. 1,000/months