

Society Of Laparoscopic & Endoscopic Surgeons



Punjab-Pakistan

Membership No

SOLES/____/____

(REGULAR MEMBER FORM)

Name : _____

Designation: _____

Institution: _____

Workplace: _____

Laparoscopy
Experience:

Basic

Advanced

Mailing Address: _____

Cell Phone: _____

Email: _____

I am willing to be an active member of the Society of Laparoscopic & Endoscopic Surgeons of Pakistan that is for the promotion of Advanced and Basic Laparoscopic Surgery. I will participate and help in its activities.

Regular Member Fee. Rs- 5000/- (Life membership) Eligibility: (FCPS,FRCS,MS)

Signed _____

Dated _____

Endorsed by: _____

Membership No. _____

Dated: _____

Society Of Laparoscopic & Endoscopic Surgeons



Punjab-Pakistan

Membership No

SOLES/____/____

(ASSOCIATE MEMBER FORM)

Name : _____

Designation: _____

Institution: _____

Workplace: _____

Laparoscopy
Experience:

Basic

Advanced

Mailing Address: _____

Cell Phone: _____

Email: _____

I am willing to be an active member of the Society of Laparoscopic & Endoscopic Surgeons of Pakistan that is for the promotion of Advanced and Basic Laparoscopic Surgery. I will participate and help in its activities.

Associate Member Fee: Rs 2000/- Eligibility: Surgery Trainee, Registrars: Will be upgraded to regular member after fulfilling the required eligibility)

Signed _____

Dated _____

Endorsed by: _____

Membership No. _____

Dated: _____