MEMBERSHIP APPLICATION FORM

PAKISTAN ASSOCIATION OF ALTERNATIVE MEDICINE

UNITY FOR HEALTH, HERITAGE AND HOLISTIC WELL-BEING

National Platform for Alternative, Traditional, Complementary and Integrative Healthcare Professionals

Photo
(Passport Size)

378/15/B1 Quaid e Azam Town (Township) Lahore | +92 423 208 7906 | paampk92@gmail.com | paampk.org

ELIGIBILITY FOR MEMBERSHIP

Membership is open to qualified professionals, practitioners, educational institutions, healthcare organizations, researchers, academicians, students and stakeholders associated with alternative, complementary, traditional and integrative Healthcare disciplines, including but not limited to: • Homeopathy • Unani medicine • Herbal medicine • Neutraceutical • Acupuncture • Cupping therapy (Hijama) • Naturopathy • Magnetic therapy • Complementary Healthcare Practitioners • Researchers & academicians • Healthcare institutions and organization

MEMBERSHIP CATEGORY (Please tick one)

Student member 1000 (Per Annum) Practitioner member 2000 (Per Annum) Institutional member 5000 (Per Annum)
Associate member 10000 (Per Annum) Corporate member 25000 (Per Annum)

PERSONAL INFORMATION

Full Name: _____ CNIC No: |_|_|_|_|-|_|_|_|_|_|_|_|-|_|

Father's / Husband's Name: _____ Date of Birth: ____ / ____ / _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married Nationality: _____

Postal Address: _____

City: _____ District: _____ Province: _____ Postal Code: _____

Mobile No: _____ WhatsApp No: _____ Email: _____

PROFESSIONAL / ACADEMIC INFORMATION

Profession / Field: _____

Qualification(s): ☐ MBBS ☐ BHMS ☐ BEMS ☐ DHMS ☐ FTJ ☐ DAc ☐ M.PHILL ☐ PHD ☐ ACADEMIC QUALIFICATION ---------- ☐ OTHER----------

Specialization / Expertise: _____

Registration No (PMDC / NCH / PNCO / Other): _____ Issuing Body: _____

Experience (Years): _____ Current Position / Designation: _____

Name of Institute / Organization / Company (if any): _____

Address: _____

BUSINESS INFORMATION

• Manufacturer • Trader • Distribution • Stockists • Importer • Desigation ---------- ◦ Nature of Business ----------

TYPE OF MEMBERSHIP

Details of membership categories, fees, and benefits are available on www.paampk.org

I hereby apply for membership as a: _____ Date: _____ / ___ / _____

DECLARATION

I, the undersigned, declare that the information provided above is correct to the best of my knowledge and belief. I agree to abide by the Constitution, Rules & Regulations of PAAM and will work for the promotion, protection and development of Alternative Medicine in Pakistan.

Signature of Applicant
with Thumb impression. _____

REQUIRED DOCUMENTS (Please attach)

1-Copy of CNIC 2- Passport Size Photograph (2) 3- Copies of Educational / Professional Certificates 4- Registration Certificate (if applicable)
5- Experience / Practice Proof (if applicable) 6- Any other relevant documents

Mission Statement

PAAM is committed to promoting professional excellence, ethical practice, education, research , policy advocacy and national unity among all sectors of alternative, Traditional, Complementary and integrative Healthcare in Pakistan.

For Office Use Only

Application received. _____ Membership No. _____ Valid till. _____ Approved by. _____

One Nation, One Voice, Separate Ministry for the Alternative Healthcare Sector

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APPLICATION SUBMISSION GUIDELINES

How do I submit my membership application?

Complete the Membership Application Form carefully, ensuring that all required fields are filled accurately. Review the information before submission to avoid delays in the application process.

How do I submit my membership application?

Submit your completed application and all required documents to the official PAAM membership email below. Only complete applications will be processed.

What documents are required?

Attach all required documents, including educational, professional, experience, and identity certificates.

What happens after submission?

Once your application is received, it will be reviewed and verified by the Pakistan Association of Alternative Medicine (PAAM). You will be informed of the outcome after the evaluation process is completed.

Application Submission

Send your completed application and required documents to the official PAAM email or WhatsApp below.

info@paampk.org +92 333 4276916