

Academic Record

Education (Under-graduation Program)

Program	Name of Institute	City & State	Graduation Date	Degree

Post-Graduation Training (Required)

Name of Institution (with Complete Address)	Area of Specialization (Intern, Resident, Fellow)	Inclusive Dates	Duration (Years)

Academic/ Company / Hospital Appointments

Name of Institution (with Complete Address)	Position of Title	Inclusive Dates	Duration (Years)

Medical/Engineering Society Membership (Provide a letter verifying membership)

Name of Medical/Engineering Society	Office Held	Date	Duration

Type of Practice (Please ↗ the appropriate category)

Cardiac Surgery	
Electrical Engineer	
General Surgeon	
Electronics Engineer	
Biomedical Engineer	
Computer Engineer	

Transplant	
Heart Transplant	
Mechanical Engineer	
Mechatronics Engineer	

Associate Membership (For Medical/Engineer Doctors)

I was admitted as trainee in		Department	Year of Appointment
Cardiovascular		Electrical/Electronics	
Heart transplant		Mechanical/Biomedical	
Transplant			
Computer/Mechatronics			

Sponsor 1

Last Name	First Name	Title(Prof/Dr/Mr/Ms)
Address		Country
		Date
I being a member of ISEMCS from my personal knowledge recommend this candidate for membership of the Association		

Sponsor 2

Last Name	First Name	Title(Prof/Dr/Mr/Ms)
Address		Country
		Date
I being a member of ISEMCS from my personal knowledge recommend this candidate for membership of the Association		

Signature of the Applicant

Date

DOCUMENTATION

Following documents must be attached with this application form. Mark beside each item included

- Photocopy of medical/Engineering diploma or Ph.D. Certificate.
- Letter(s) verifying current Academic Appointment(s)
- Letter(s) verifying Hospital/ Institute/Company Appointment(s) /
- Two letters of sponsorship.
- Clarify Hospital and/or Academic status of Institution. Give brief detail of the working institution
- Application fee of two hundred rupees must accompany application. Contact Member Services for dues information on www.isemcs.upplysningavancez.com
- Two Photographs
- ID Card Copy

DOCUMENTATION

Publications

Please attach your bibliography using the order below.

List precisely, as published with the authors, title of article, name (volume, page and date)

Do not send reprints of articles, abstracts, etc.

Please list and number in separate categories as follows:

1. Published papers in peer reviewed journals
2. Textbook chapters, invited articles and reviews
3. Published abstracts
4. Miscellaneous

Applicant's statement

1. Has your medical/Engineering license ever been suspended, terminated or reduced in scope?

Yes No If yes, explain fully on separate page.

2. Have you ever had disciplinary action taken against you at any time by a medical/Engineering society, academic institution, or government agency?

Yes No If yes, explain fully on separate page.

3. Have you ever been convicted of or pleaded guilty of serious crime?

Yes No If yes, explain fully on separate page.

Applicant's Authorization of Release of Information

I hereby certify that all information recorded on this application and any attached documents is accurate and supports my qualifications for membership. I hereby agree that ISEMCS may verify any of the above information. I further agree to follow the Bylaws and Code of Ethics of the society.

SIGNATURE OF THE APPLICANT _____

DATE _____

Sponsor's endorsement

As a sponsor in support of this application, I hereby certify that I am currently a member in good standing of the society and have reviewed this application and find it accurate to the best of my knowledge.

Signatures of sponsor (1) _____

DATE _____

Signatures of sponsor (2) _____

DATE _____

Note: Letters of sponsorship must be enclosed with the applicant

For Office Use Only

Dues Received

Yes

No

Complete Form & Information

Yes

No

Documents Verified

Yes

No

Cash Rs _____ Received

Yes

No

Membership Status

Accepted		Renewed	
Not Accepted		Pending	

Signature _____

Date _____

President of ISEMCS

General Secretary of ISEMCS

<https://www.isemcs.upplysningavancez.com>

Email: info@upplysningavancez.com

Office: No 30, block H, Phase 6, Street 8, DHA, Lahore, Pakistan, 54792

Phone: + 92 313 4592278

Please send these forms to this address or email them.