**Application form for Full membership of PNQAHE**

**Organization Name:**

**Email:**

**Year in which Organization / Agency commenced Operations:**

**Vice Chancellor/Rector/Chief Executive**

**Full Name:**

**Phone Number:**

**Fax:**

**Email Id:**

**Alternative Email Id:**

**Nominated Contact Person (if different from CEO)**

**Full Name:**

**Phone Number:**

**Fax:**

**Email Id:**

**Alternative Email Id:**

**Organization Detail**

**Organization:**

**Address:**

**Website:**

**PNQAHE Account Details**

|  |  |
| --- | --- |
| **Account Name:** **Bank:****Bank Code:****Account No:** | **Khyber Medical University, PNQAHE**The Bank of Punjab, Dean heights, Hayatabad Peshawar **0346****6540185438300016** |

**Membership Fee**

Full Member's Fee:**35,000/ Rs. per annum to be paid by the organization/HEI**

Individual Members:**15,000/ Rs. per annum**