PAKISTAN JOURNAL OF
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Biostatistician Consent Form

Contact details:

First name: _____ Last Name: _____

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Address: _____

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Zip Code: _____ Telephone (Official): _____

Personal Contact: _____ Email: _____

Qualification: _____

Years of Experience: _____

Areas of Expertise: _____

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I consent to be the member of Pakistan Journal of Health Sciences-Lahore as a Biostatistician

_____

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Please return this form (scanned by email) to:

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Please Attach:

a. Curriculum Vitae (Please ignore if already sent)
b. Professional Membership (if any)
c. Relevant publications in the last two years