

**AMA THALASSAEMIA CENTRE, AWAN PLAZA, MANDIAN,
ABBOTTABAD.**

APPLICATION FOR MEMBERSHIP

NAME: [Mr, Mrs, Miss]-----

FATHER'S / HUSBAND'S NAME: -----

OCCUPATION: -----BLOOD GROUP:-----

PERMANENT ADDRESS:-----

PHONE NUMBER: OFF:----- RES: ----- MOBILE:-----

MEMBERSHIP FEE: Please Tick:

Yearly Membership Rs. 200/= [] @ @ @ Life Membership: Rs.2000/= []

DATE:----- Signature-----

Please Note: Cheques or Pay Orders may please be made available to:

Chairman, A MA, Awan Plaza, Mandian, Abbottabad 22044.

AMA Account No. 277, Muslim Commercial Bank, Ayub Medical College, Abbottabad. Please submit 2 Id. Card size photographs & Copy of National Id. Card with this form.

SPONSOR A THALASSAEMIC CHILD:

A Thalassaemic Child needs Blood Transfusion every month. The minimum monthly expenditure at a single transfusion is approximately as follows:

Blood Bag with Transfusion Set : Rs. 85/= , Hemoglobin Estimation: Rs. 15/=, Grouping and Cross matching Rs. 50/=, Screening tests for Hepatitis B , HIV Rs. 200/= Minimum . So Rs. 350/= per blood transfusion and Rs. 4200/= per year for 12 blood transfusions.

I would like to sponsor a Thalassaemic child and I am enclosing Cheque / DD of Rs.4200/- for yearly expenditure for one patient.

Signature: _____ **Date:** _____

AMA HEALTH CARD.

Name of the Student:-----
Father's Name: -----
Class / Grade: ----- School: -----
Sex: ----- Age: ----- Years----- Months OR Date of Birth-----

MEDICAL EXAMINATION:

Height: ----- Feet:----- Inches: Weight: ----- Kg.
GROWTH CHART: -----

Anemia: ----- Clubbing: ----- Koilonychia: ----- Jaundice: -----

ORO-DENTAL HYGIENE: -----
G.I. TRACT: -----
Resp. TRACT: -----
C.V.S.: -----
C.N.S.:-----
Any other finding: -----

EYE EXAMINATION:

VISION LEFT EYE: -----VISION RIGHT EYE:-----

COVER TEST: -----

REMARKS: -----

Signature of the Doctor: -----
Date of Examination :-----