

PAKISTAN AMATEUR RADIO SOCIETY

Mr. Wajahat Haleem, Upper floor, House 1156, Main Ibn-e-Sina Rqad G-9/2,

Islamabad,

Website: www.pakhams.com Facebook: facebook.com/pakhams/

PICTURE

| APPLICATION FOR MEMBERSHIP | | | | | Form No. | |
|----------------------------|--|-----------|---------------|--------------|----------|--|
| NAME | | | | | | |
| FATHER'S NAME | | | | | | |
| MAILING ADDRESS | | | | | | |
| C.N.I.C NUMBER | | | POST CODE | | | |
| DATE OF BIRTH | | | EMAIL | <i>Λ</i> AIL | | |
| PROFESSION | | | QUALIFICATION | | | |
| LICENSE NO | | | DATE OF ISSUE | | | |
| PHONE | | | MOBILE | | | |
| APPLICANTS SIGNATURE | | | DATE | | | |
| FOR OFFICAL USE | | | | | | |
| HAM | | SWL | | REG S | ERIAL# | |
| DATE | | SIGNATURE | | | | |

REQUIREMENTS:

- Please fill the form in clear BLOCK LETTERS
- Minimum age for SWL membership is 12years
- Copy of NADRA card or copy of B form
- One passport size photograph attested
- Copies of Academic and /or Technical qualifications duly attested.
- Affidavit on Rs 100/- stamp paper as per given format
- Reference of one HAM member or Character Certificate from Educational institution in case of student and Certificate from a Gazetted officer Grade 17 and above for other cases.
- SWL Membership fee is PKR1000 for three years for students and PKR 2000 for 3 years, in other cases.
- Licensed Amateurs membership fee PKR1000/year
- Account UBL 0659065901007917 (Pakistan Amateur Radio Society)

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Affidavit Format on Rs 100 stamp paper

| I (name) S/o (name) resident of (Address) bearing National ID card (Number) hereby solemnly affirm on oath that the contents of my application including documentation are authentic and no criminal proceedings are pending against me in any court of law. That I shall abide by the rules and regulations as defined in various regulations and SOPs of PTA for Amateurs and also Rules & Regulations of Pakistan Amateur radio Society. |
|---|
| I also affirm that in any given circumstances i shall not transmit on any frequency without obtaining the required license from PTA. |
| Name: |
| Address |
| Phone |
| Witness: |

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