

**RICH PRO CLUB**

**Islamic International Medical College**

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***JOINING FORM***

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Personal Information:

Name	
Title/position	
Institution	
Department	
Email address	
Phone number	
Permanent address	

Role in medical education in your institute	
Areas of interest	
Numbers of articles published	
Availability on weekdays	

Consent:

I hereby consent to the use of the provided information for the purpose of membership in the Medical Education Club and agree to abide by the club's rules and regulations.

Signature:

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