



## PAKISTAN BIOMEDICAL JOURNAL

### Advisory Board Member Consent Form

**Contact details:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

University/Organization: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ CNIC: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone (Official): \_\_\_\_\_

Personal Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Qualification: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Areas of Expertise: \_\_\_\_\_

**I consent to be the member of Pakistan BioMedical Journal as an Advisory Board Member.**

**Signature and Stamp**

Please return this form (scanned by email) to:

- The Editor: [editor@pakistanbmj.com](mailto:editor@pakistanbmj.com)

**Please Attach:**

- Curriculum Vitae (Please ignore if already sent)
- Professional Membership (if any)
- Relevant publications in the last two years