



PAKISTAN BIOMEDICAL JOURNAL

Biostatistician Consent Form

Contact details:

First Name: _____ Last Name: _____

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Personal Contact: _____ Email: _____

Qualification: _____

Years of Experience: _____

Areas of Expertise: _____

I consent to be the member of Pakistan Biomedical Journal as a Biostatistician.

Signature and Stamp

Please return this form (scanned by email) to:

- editor@pakistanbmj.com

Please Attach:

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