



Biostatistician 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 JFJIDS-Lahore as a Biostatistician

Signature and Stamp

Please return this form (scanned by email) to:

- The Editor: editor@jfjids.com

Please Attach:

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

