



**APPLICATION FOR HIGHLIGHTS OF ASH – ASIA PACIFIC 2026**

**Kuala Lumpur, Malaysia, April 10-11, 2026.**

**Personal details**

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Resident: R2 ☐ R3 ☐ R4 ☐ R5 ☐ Clinical Hematology ☐ Hematology ☐

Institute: \_\_\_\_\_ City: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Province: Baluchistan ☐ KPK ☐ Punjab ☐ Sindh ☐ AJK ☐ Federal ☐ GB ☐

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PSH Membership number:** \_\_\_\_\_

**PSH Activities in the last 2 years**

| Date | Conference/symposium/monthly meeting | Attended                                                 | Abstract presenter                                            |
|------|--------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|
|      |                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Oral <input type="checkbox"/> Poster <input type="checkbox"/> |
|      |                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Oral <input type="checkbox"/> Poster <input type="checkbox"/> |
|      |                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Oral <input type="checkbox"/> Poster <input type="checkbox"/> |
|      |                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Oral <input type="checkbox"/> Poster <input type="checkbox"/> |
|      |                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Oral <input type="checkbox"/> Poster <input type="checkbox"/> |

**PSH awards:**

| Date | Conference | Award                                                                                                                                                                                    |
|------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |            | Oral <input type="checkbox"/> Poster <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> |
|      |            | Oral <input type="checkbox"/> Poster <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> |
|      |            | Oral <input type="checkbox"/> Poster <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> |
|      |            | Oral <input type="checkbox"/> Poster <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> |

**Research topic and methodology that you want to discuss in Highlights of ASH.**

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**Submit this form via email to [psh.org.pk@gmail.com](mailto:psh.org.pk@gmail.com) or via WhatsApp at 03225181302 latest by August 28, 2025**

**Additional information (Use this page if you have any significant contribution to PSH which is not highlighted in the first page).**

I confirm that the above information is correct, and my institute will grant me leave for the said period to attend the conference.

**Signature**\_\_\_\_\_

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Score obtained\_\_\_\_\_

Application reviewed by\_\_\_\_\_

Signature\_\_\_\_\_