



**LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES
INSTITUTE OF BIOMEDICAL TECHNOLOGY**



**REGISTRATION FORM
FOR MEDICAL INFORMATICS AND RESEARCH ANALYSIS
SESSION 2 - 2011**

PHOTO
GRAPH

PERSONAL INFORMATION	
NAME OF APPLICANT (BLOCK LETTERS)	
FATHERS NAME:	SURNAME
Date of Birth:	Male: Female:
C.N.I.C No.	E-mail Address.
Present Address:	
Phone No. (Home):	Mobile No.
Age:	Student I.D:
Designation:	Employer:
EDUCATIONAL DETAILS:	
Qualification:	
Experience	
Last Degree Attend:	
Details of Currently enrolled Program:	
Description of completed I.T related:	
Description of completed statistical modeling courses:	
How much comfortable are you with computers:	
Challan No.	

Date of Submission

Signature of Applicant