Workshop Registration Form

*Please complete in BLOCK LETTERS. Fields marked * are mandatory.*

WORKSHOP DETAILS

Workshop / training title

Date **Venue**

A Personal Information

Full name * **Father's / Husband's name**

CNIC No. * **Date of birth** **Nationality**

Gender Male Female Prefer not to say

B Contact Details

Mobile no. * **Email address ***

Mailing address

City **Province** **Postal code**

C Professional / Academic Details

Current designation * **Department / specialty**

Institution / organization * **PM&DC reg. no. (if clinician)**

Category (tick one) *

Faculty Postgraduate trainee House officer / MO Consultant Nurse / allied health

Researcher / scientist Undergraduate student Other