



Office of Research Innovation & Commercialization/

Medical Research Center

Research Trainings/Workshops

Full Name: _____

Institution: _____

Designation: _____ Department _____

Qualifications: _____

Email Address: _____

WhatsApp No. (Mandatory): _____

Please select the workshops for registration.

- 2-Days workshop on Synopsis Writing, Fee Rs. 2500/=
- 3-Days workshop on Research Methodology, Fee Rs. 4000/=
- 2-Days workshop on SPSS For Data Analysis, Fee Rs. 3000/=
- 1-Days workshop on Thesis Writing, Fee Rs. 1500/=
- 1- Day workshop on Manuscript Writing, Fee Rs. 1500/=

Signature: _____

Please attach the challan copy of bank draft with registration form.

Bank Details for Fee submission:

National Bank of Pakistan

Account Title: DIRECTOR ORIC

Account Number: 4135500891

IBAN: PK67NBP0131004135500891

For further details, please visit: Medical Research Center, LUMHS, Jamshoro.

Note: please provide your valid WhatsApp number, email ID, and check on regular basis. They will be the conduit for all communication.

PS: No lunch will be provided during workshop.