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| **Personal Information** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father’s / Husband’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CNIC # | | |  |  |  | |  |  | - | |  | |  |  |  |  |  | | |  | - |  | Cell # |  |  |  |  | - |  |  |  |  |  |  |  | |
| PMDC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | CPSP Fellowship No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_ | | | | | | | | | | | | | | | | | | | |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | Speciality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | Hospital / Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Registration** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration Fee: (In figures) \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | (In words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
|  |  | Consultant: | | | | | | | | | | Rs. 3000/- | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | Trainees | | | | | | | | | | Rs. 1500/- | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | Scientific Officers | | | | | | | | | | Rs. 500/- | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | Technologists: | | | | | | | | | | Rs. 500/- | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **PPParticipant category** **-** *please tick (✓) the relevant*  **❒** Speaker **❒** Poster Presentation **❒** Attendance Only  **Payment Mode** - please tick (✓) the relevant  **❒** Cross Cheque **❒** Bank Draft **❒** Cash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bank draft / Cross Cheque to be made in favour of** :  Acct Title: “**Research Grant Fund**” Acct No: **10368-4**  Bank: **MCB CMH Branch Rwp (Br Code 0846)**  **­­­­­­­­­­­­­­­­**  Participant’s Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FOR OFFICE USE ONLY** | |
| Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Payment Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Signature |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |