



COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN

7TH Central Street, Defense Housing Authority, Karachi - 75500

Telephone: 9207100 – 10, Ext. 220 or 315 Fax - No: 9266450, UAN-111-606-606

Department of Pathology

“Two Day Workshop on Gynaecological Pathology”

Registration Form

One
Photograph
Pasted

Name (IN BLOCK LETTERS)				
Mailing Address				
			Tel No.	
Permanent Address				
			Tel Off.	
C.N.I.C #.			Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Qualification				
Name of Institutions/Centers				
Employment Status: Self Employed/ Government / Autonomous / Private		Yes	No	Name of Institution
Are you applying for Hostel Accommodation in the College? (NB: Separate application is required)				
Challan #/ Bank Draft				

I wish to register for the above course and undertake to follow all rules and regulations of the course

I enclosed herewith paid challan of the course fee i.e. Rs. 5000/=

Sig. Applicant _____

Dated _____