



# COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN

7<sup>th</sup> Central Street, Defense Housing Authority (DHA) Phase-II, Karachi-75500

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## Department of Pathology

### “Update Histopathology Course”

Dated: 02-04 April 2009

### Registration Form

Name \_\_\_\_\_ Sex \_\_\_\_\_

(IN BLOCK LETTERS)

Residential Address \_\_\_\_\_

Phone (Res) \_\_\_\_\_ Phone (Off) \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Institute \_\_\_\_\_

Have you attended such courses before? Yes/No, If yes please mention the

Name of Course	Institution	Year

Please give receipt # of course fee \_\_\_\_\_ Fee date \_\_\_\_\_

Date from \_\_\_\_\_ to \_\_\_\_\_

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send this form dully filled with Pay Order/Cash (500/=) in favor of College of Physicians & Surgeons Pakistan, 7<sup>th</sup> Central Street, DHA, Phase-II, Karachi

#### Note:

- Registration must be before two days starting the course
- Less than fifteen registration, course will be cancelled