



WHO Collaborating Centre for Research & Training in
Educational Development of Health Personnel

COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN



Workshop Duplicate Certificate Request

REGIONAL CENTRE: _____

Status: Trainee Supervisor

1. My Particulars are as under:

Name: _____ Father's / Husband's Name: _____

C.N.I.C No: _____ Date of Birth: _____

CPSP ID (Mandatory): _____ RTMC Reg No: _____

Designation: _____ Speciality: _____

Institution: _____

Mailing Address: _____

Cell No: _____ E-mail: _____

2. It is brought to your notice that I submitted my workshop registration form(s).

Workshop Title	Bank Challan / Demand Draft / Pay Order No:	Attended		Regional Centre
		YES	NO	

3. My Query is

Date: _____

Signature of Applicant

Workshop Management Unit