



WHO Collaborating Centre for Research & Training in
Educational Development of Health Personnel
COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN



PERSONAL DETAILS AND ADDRESS UPDATE FORM

Instructions:

- Kindly filled all the required in the form. Incomplete or partially filled form will not be accepted.
- If you wish to change CPSP Workshop Center for attending mandatory workshops, kindly filled and submit "Workshop Center Change Form" available at every CPSP Regional Center.

OLD PERSONAL DETAILS & ADDRESS	
Name:	Father's/Husband/s Name:
CPSP ID (Mandatory):	RTMC Reg. No:
C.N.I.C. No:	Date of Birth:
Designation:	Speciality:
Institution:	
Residential Address:	
Cell No:	E-mail:

NEW PERSONAL DETAILS & ADDRESS	
Name:	Father's/Husband/s Name:
CPSP ID (Mandatory):	RTMC Reg. No:
C.N.I.C. No:	Date of Birth:
Designation:	Speciality:
Institution:	
Residential Address:	
Cell No:	E-mail:

Date: _____

Signature of Applicant

Sign Receiving Office at Regional Center

For Use by DME Karachi

Date: _____

◇ Personal Details & Address Updated

Workshop Management Unit