



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



WORKSHOP POSTPONEMENT FORM

Instructions:

- o Kindly attached Draft/Challan/Payorder of Rs. 500/- drawn in favour of '**College of Physicians and Surgeons Pakistan**' as workshop postponement fee along with this form.
- o Workshop Postponement Form with prescribed fee should reach at DME/ Regional Centre at least 7 days before commencement of scheduled workshop.
- o If you are mailing this form then it should be mailed at least 10 days before commencement of workshop to accommodate the mail service days.

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

I have received letter No. _____ dated _____ regarding invitation to attend the workshop titled _____ scheduled from _____ to _____ at DME/CPSP Regional Centre _____. Due to personal reason it will be difficult for me to attend the schedule workshop. For that I request for postponement of my mandatory workshop. For that I have deposited the prescribed fee Rs. 500/- via Challan / Draft No. / Pay Order No _____ dated _____ Bank _____ Branch _____

Date: _____

Signature of Applicant

Sign Receiving Office at Regional Centre

For Use by Regional Centre

Date: _____

◇ Workshop Postponed

Chief Manager, Regional Centre