



COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN

The College of Physicians & Surgeons Pakistan is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.



Workshop Registration Form For Supervisors

Instructions:

- Tick appropriate box.

Workshop Center Choice: (Select one centre only)

- | | | | |
|---------------------------------------|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Karachi | <input type="checkbox"/> Lahore | <input type="checkbox"/> Islamabad | <input type="checkbox"/> Peshawar |
| <input type="checkbox"/> Multan | <input type="checkbox"/> Bahawalpur | <input type="checkbox"/> Faisalabad | <input type="checkbox"/> Abbottabad |
| <input type="checkbox"/> Quetta | <input type="checkbox"/> Hyderabad | <input type="checkbox"/> Larkana | <input type="checkbox"/> Nawabshah |
| <input type="checkbox"/> Nepal | <input type="checkbox"/> Muzaffarabad | <input type="checkbox"/> Rahimyaar Khan | <input type="checkbox"/> Rawalpindi |
| <input type="checkbox"/> Other: _____ | | | |

Title of Workshops: (can select more than one)

Supervisor Workshop:

- Education Planning and Evaluation (**To be attended first**)
- Assessment of Competence
- Supervisory Skills
- Research Methodology, Biostatistics & Medical Writing

PERSONAL DETAILS

CPSP ID (Mandatory):	RTMC Reg No (Mandatory):
Name:	Father's/Husband Name:
C.N.I.C. No:	Date of Birth:
Designation:	Speciality:
Institution:	
Residential Address:	
Cell No:	E-mail:
WORKSHOP FEE DETAILS	
Amount Rs:	(In words)
Challan / Drafts / Pay order No:	Dated:
Bank:	Branch:

Disclosure information:

- The activity does not have any commercial support, and its organizers, planners and speakers do not have any relevant financial relationship.

Date: _____

Signature: _____

