

COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN

Update Workshop / Course in Microbiology

Timing: 9:00 am to 1:30 pm

AT CPSP HEADQUARTER KARACHI

MONDAY 29TH TO TUESDAY 30TH APRIL 2019

Reg. No _____

(Office Use Only)

Registration Form

Name (IN BLOCK LETTER)

S/O, D/O

Present Postal Address

Cell

Tel (Res)

Email

Qualification

College and Hospital Name:

Mention Bank Challan /Demand Draft /Pay Order No.

I wish to register for the above course and undertake to follow rules and regulations of the course. I enclosed herewith paid Challan/Bank Demand draft/Pay Order in the name of "College of Physicians & Surgeons Pakistan" for the course fee i.e. Rs. 2,000/=

Date

Applicant Signature

I N S T R U C T I O N S

- Interested candidates are advised to register at the earliest by **Monday 29th, 2019**
- The college admits a limited number of candidates in the Course on **First Come First Applied Basis**.
- Fee once deposited is not refundable.
- The Registration form is to be submitted to Course Director Department of Pathology at CPSP Headquarter Karachi.
- Two Passport Size Photos / NIC Copy

**Postal Address: -
DEPARTMENT OF PATHOLOGY**

**COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN
7TH CENTRAL STREET, D.H.A, PHASE-II
KARACHI-75500**

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