**Registration Form**

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| --- |
| **Personal information** |
| Name |  | Surname |  |
| Gender |  | Nationality |  |
| Date of birth |  | Domicile  |  |
| Status |  |
| Organization |  |
| **Contact details** |
| Postal Address :  |
|  |
| Email address |  | Telephone  |  |
| Mobile  |  | Fax |  |
| **Main degrees or Qualification**  |
| **Year of award** | **Institution** | **Qualification** |
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| Why do you want to attend this course? |
|  |
| **Declaration**By submitting this form I declare that the information given in this application is correct, complete and accurate and no information requested or other material information has been omitted. |
| By checking this box I agree to all the above |  |
|  |

If you have any queries about this course please contactcourse coordinator –

Mr. Usman Ahmed Mr. Waqas Ahmed

Contact details: 03008598929 03335479308 info@pirs.edu.pk