**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