

Dow University of Health Sciences Professional Development Centre

Registration Form

	Date:	
Name of Work Shop:		
Applicant's Name:		
S/o, D/o, W/o:		
PMDC No:		
Designation:		
Institute:		
Department: Postal Address:		
Postal Address:		
E-mail:		
Contact Phone Number		
Hospital	Clinic	
Residence:	Mobile	
Previously Attended Works	hone: (placea enacify)	
	s & Regulation of Attending Worksh ESSIONAL DEVELOPMENT CENTRE, I	_
	t Centre has zero tolerance policy.	
Punctuality and 100/% at certificate.	tendance of all sessions of the workshop is m	andatory to get
	of a single module can result in disqualificat	ion.
Mobile to be kept on silent		
Smoking / chewing gums ,	/ eating and drinking strictly prohibited in th	ie lecture halls.
Participants must have NC	OC from HODs before registration.	
The course fee is valid for	only one course and cannot be transferred.	
	tensive with individual & group assignments, e engagement during the course.	therefore we request
	Signature	