



**SHAHEED MOHTARMA BENAZIR BHUTTO MEDICAL  
UNIVERSITY LARKANA, SINDH, PAKISTAN**



**Department of Medical Education**

**WORKSHOP REGISTRATION**

TITLE OF WORKSHOP: \_\_\_\_\_ FOR TRAINEE/ SUPERVISOR

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Father's /Husband's/ Name: \_\_\_\_\_

CNIC#:      -               PM&DC#: \_\_\_\_\_

Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

Specialty: \_\_\_\_\_ Designation: \_\_\_\_\_

Institute: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**REGISTRATION**

Registration Fee (In Figures): \_\_\_\_\_ (In Word) \_\_\_\_\_

**PLEASE PROVIDE FOLLOWING DETAILS**

Sindh Bank Challan  Pay-order  Demand Draft

Name of Bank: \_\_\_\_\_ Account No:(0001071455881000)

Draft Number: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**FOR OFFICE USE ONLY**

Workshop Title : \_\_\_\_\_

Bank Draft/Pay Order/ Demand Draft No: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Office Signature