

A Short Course on
REMOTE SENSING AND GIS

Registration Form

(Short Course on RS & GIS Session 09-18 July 2012)

*Please use CAPITAL letters.

1- Full Name _____ SO/DO _____

2- CNIC # _____ Email _____

3- Phone (Home) _____ (Office) _____ (Mobile) _____

4- Current Address _____

5- Permanent Address _____

6- Department/Institution Name _____

7- Student's Reg.No/Employee's Designation _____ City _____

8- Highest Qualification _____ GIS Level (Beginner/Mid/Advance) _____

9- Purpose of Interest in the course?

I _____ S/O _____ do solemnly declare that the information provided above is correct and I had paid the registration fee of the above stated course along this registration form. Further, I will follow all terms and conditions related to this course.

Dated _____

(Applicant's Signature)

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