

Serial No: _____

Participant's Copy



**PRE-RESEARCH DAY WORKSHOPS
DEVELOPING RESEARCH SKILLS
DOW UNIVERSITY OF HEALTH SCIENCES
February 21 & 22, 2018**

REGISTRATION FORM

Name: _____

(In BLOCK Letters, as to be printed on certificate)

Designation: _____ Department: _____

Institution: _____

Address for _____
Correspondence

Email: _____ Cell #: _____

Workshop I want to register:

1. _____
2. _____
3. _____
4. _____
5. _____

Total Payment Submitted: _____ PKR

Note: 30 seats per workshop. Last date of registration is February 17, 2018.

Please submit this registration form along with payment at Department of Research, DMC or Department of Research, Ojha campus. Payment is non-refundable.

Serial No: _____

Office Copy



**PRE-RESEARCH DAY WORKSHOPS
DEVELOPING RESEARCH SKILLS
DOW UNIVERSITY OF HEALTH SCIENCES
February 21 & 22, 2018**

REGISTRATION FORM

Name: _____

(In BLOCK Letters, as to be printed on certificate)

Designation: _____ Department: _____

Institution: _____

Address for _____
Correspondence

Email: _____ Cell #: _____

Workshop I want to register:

1. _____
2. _____
3. _____
4. _____
5. _____

Total Payment Received: _____ PKR

Note: 30 seats per workshop. Last date of registration is February 17, 2018.

Please submit this registration form along with payment at Department of Research, Ojha campus or Department of Research, DMC. Payment is non-refundable.

Ojha Campus : Department of Research, Dow University of Health Sciences, Gulzar-e-Hijri Road, SUPARCO Road, Karachi- 75280

Tel : 021-38771111 (Ext: 2408, 2413)

Dow Campus : ORIC, Dow University of Health Sciences, baba-e-Urdu Road, Karachi, 74200, Pakistan

Tel: 021-99215724-7 (Ext: 5503)