REGISTRATION FORM

Course Title: _____

PERSONAL INFORMATION:

Title: Prof. ☐ Dr. ☐ Ms. ☐ Mr. ☐

Full Name: _____

Designation: _____ **Date of Birth:** _____

Max. Qualification: _____

Field of Work: _____

Affiliation: _____

CNIC No (*for local participants*)**:** _____

Passport No (*for foreign participants*)**:** _____

Date, Place of issue & Validity: _____

CONTACT DETAILS:

Postal address: _____

_____

City: _____ **Postal code:** _____ **Country:** _____

Phone (off): _____ **Res:** _____ **Mobile:** _____

Fax: _____ **Email:** _____

FINANCIAL SUPPORT (*Tick only one box*):

(a) Organization/Institution Sponsored: ☐

Sponsored By: _____

To be filled by HR or Accounts Department:

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

(b) Self Sponsored: ☐

References (in case of self-sponsored):

(1) **Name:** _____

Position: _____

Affiliation: _____

Phone: _____

Fax/E-mail: _____

(2) **Name:** _____

Position: _____

Affiliation: _____

Phone: _____

Fax/E-mail: _____

_____

(*Signature of Applicant*)

IMPORTANT INSTRUCTIONS:

(i) Fill-in the Registration Form, duly signed by the sponsoring organization or provide TWO references (in case of self sponsored) and mail at the given address.

(ii) Note that SUPARCO being a Government entity has been exempted from deduction of INCOME TAX on its payment receipts.

(iii) Foreign participants may deposit the course fee on arrival.

(iv) Health Insurance and other related matters will be the sole responsibility of the Trainee(s)/Sponsoring organization.

(V) The Bank Draft/Pay Order on account of course fee may be sent in favor of ***SUPARCO.***

POSTAL ADDRESS:

Director (Training, R&D Dte)
National Centre for Remote Sensing and Geo-Informatics (NCRG)
Suparco Rear Headquarters
SUPARCO Road, Karachi-75270

FOR QUERIES:

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