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: (b) Self Sponsored:**

Sponsored By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be filled by HR or Accounts Department:

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.*

**FOR QUERIES:**

Phone: (+92-21) 99241765~74

Ext: 2293/2224 / 2228

Fax: (+92-21) 34644928, 34690783

E-mail: [dh.trd@suparco.gov.pk](mailto:dh.trd@suparco.gov.pk)

URL : [www.suparco.gov.pk](http://www.suparco.gov.pk)

**POSTAL ADDRESS:**

**Director (Training, R&D Dte)**

National Centre for Remote Sensing and Geo-Informatics (NCRG)

Suparco Rear Headquarters

SUPARCO Road, Karachi-75270