

ZIAUDDIN UNIVERSITY

REGISTRATION FORM

Name (*in block letters*): _____

Designation: _____

Institution: _____

PMDC #: _____

Contact: E-mail: _____

Cell #: _____

Name of CPE Activity: _____

FOR OFFICE USE

Activity Fee: _____

Payment of PKR _____ received from _____

Signature (cashier)

Note: The registration will be confirmed once the form is submitted in the cash office.

You may send a bank draft of registration fee in favor of ZIAUDDIN UNIVERSITY and courier it, at The Department of Continuing Professional Education, Ziauddin University, 4/B, block 6, SHAHRA –E- Ghalib Clifton Karachi.