

NATIONAL INSTITUTE OF PSYCHOLOGY
Centre of Excellence
Quaid-i-Azam University, Islamabad

REGISTRATION FORM

Title of the Workshop _____

Name of Participant _____

Gender: Male Female

Educational Qualification: _____

E-mail Address _____ Telephone No _____

Mailing Address _____

Employment status

Student Business Private Employee Govt Employee Armed Forces

Work Place Address _____

Telephone No _____ Job Title _____

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| Date of birth | | | | | | | |
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Mode of payment: Cash Bank Draft/Pay Order *

Date of Registration: _____

Signatures of Participant:

*Pay Order/Bank Draft should be in Favour of Director, National Institute of Psychology,
Quaid-i-Azam University, Islamabad.