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| **Application Form**  Name    Father’s Name  CNIC# (Please also attach 01 attested photocopy)   |  | | --- | | Photo |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |  |
| Please tick the appropriate box below  Researcher/Faculty/ Official  Student | | | |
| Qualification | Name and address of Institution | | |
| Designation |
| Mailing Address  Email Cell No. (compulsory) | | | |
| Particular interest for training | | Recommendation of Head of Institute/Department  ---------------------------  Signature | |
| Signature of the Applicant | |