**APPLICATION FORM**

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| Photo |

**14th National workshop on “Sustainable & integrated management of insect pests and diseases of crops” October 29-30, 2025**

Name:-----------------------------------------------------------------------

Official Positions:---------------------------------------------------------

Organization: --------------------------------------------------------

Address: -------------------------------------------------------------------------------------------------------------------

Phone: (OFF.)-----------------------------------------------------(Res.)-----------------------

Mobile No:----------------------------- -E-mail:------------------------------------

Date of Birth:-------------------------------------------------------------------------

CNIC#--------------------------------------------------------------------------------

**Academic Qualification**

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| --- | --- | --- | --- | --- |
| **Qualifications** | **Inst.** | **Div.** | **Subject** | **Year** |
| **Matric**  **F.Sc.** |  |  |  |  |
| **B.Sc.** |  |  |  |  |
| **M.Sc** |  |  |  |  |
| **M.Phil** |  |  |  |  |
| **Ph.D** |  |  |  |  |

Research/Training experience:---------------------------------------------------------------------------------------

Particular interest for training: --------------------------------------------------------------------------------------

(Signature of Applicant)