APPLICATION FORM

15th National workshop on "Sustainable & integrated management of insect pests and diseases of crops" October 28-29, 2026

Photo

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

Official Position:----------

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

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

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

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

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

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

Academic Qualification

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)