



**INSTITUTE OF CHEMICAL SCIENCES**

**UNIVERSITY OF PESHAWAR**

**Two Day National Workshop**

**on**

**Bioanalytical Techniques**

(April 25-26, 2019)

**Registration Form**

* Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Res): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

------------------------------------------------------------------------------------------------------------------------------------------------------------------

**For office use only**

Registration No: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Fee: Rs. 500/-**

**Account Details:**

Account Title: **Alumni Department of Chemistry**

Account Number: **15613-4**

Bank: **National Bank of Pakistan, Peshawar University Campus Branch (0388)**

**Note:** Send this form at [icsalumni@uop.edu.pk](mailto:icsalumni@uop.edu.pk) or submit it directly to in the Institute of office along with registration fee or alternatively deposit registration fee in the above account and submit/send receipt along with registration form.

For any query please dial 091-9216652 or send email at [icsalumni@uop.edu.pk](mailto:icsalumni@uop.edu.pk)

**Last date of registration is 19-04-2019.**

------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Receipt**

Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has deposited Rs.\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_as Registration fee for the two days national workshop on Bioanalytical techniques (25-26-2019).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Convener Registration Committee)