



# REGISTRATION FORM

## 4Q HRD Programme of PAEC Two Weeks Training Course

Code of 4Q Course applied for: QS ① ② ③ ④- 18- ( )  
(Please tick one) (Please specify)

Name: \_\_\_\_\_

PIN: \_\_\_\_\_ Designation: \_\_\_\_\_ Establishment: \_\_\_\_\_

Lunch will be served on payment, whether to take Lunch? Yes / No

Previous 4Q Course(s) attended: Please tick the relevant box(s)\*.

None  QS1  QS2  QS3

Ph. Off.: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant with date)

Recommended by: \_\_\_\_\_

(Signature & Seal of Head of Establishment)

Please submit the registration form with the approval of Member concerned to Director (HRD), P. O. Box No. 1890, Islamabad.

<p><b><u>FOR OFFICIAL USE</u></b></p> <p>Date received: _____</p> <p>Registration No. _____</p> <p>_____ (Director HRD)</p>
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\* QS1: Phase-1    QS2: Phase-2    QS3: Phase-3    QS4: Phase-4