



REGISTRATION FORM

4Q HRD Programme of PAEC Two Weeks Training Course

Code of 4Q Course applied for: QS ① ② ③ ④- 19- ()
(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><u>FOR OFFICIAL USE</u></p> <p>Date received: _____</p> <p>Registration No. _____</p> <p>_____ (Director HRD)</p>

* QS1: Phase-1 QS2: Phase-2 QS3: Phase-3 QS4: Phase-4