**PCSIR LABORATORIES COMPLEX, KARACHI**

**PHARMACEUTICAL RESEARCH CENTRE**

**(COURSE REFERENCE: PRC/0001/04/19)**

**Name of Trainee:**

**Father/Spouse Name:**

**Date of Birth:**

**CNIC No.:**

**Qualification:**

**HPLC/GC Experience:**

**Affiliation (if any):**

**Cell No.:**

**WhatsApp:**

**Tel. No.:**

**Postal Address:**

**Email:**

**Course Cost: Rs.5,000/- per head (which includes registration fee, lunch and refreshments)**

**Signature of Applicant:**



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Acknowledgment Slip

Received with thanks Rs.5000/- from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Depatrment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature