



✓ (Tick relevant box): Student Professional Government Employee Other _____

WORKSHOP FEE: Receipt No: _____, Amount: _____, Date: _____

Note: Registration fee will be refundable to those students only who doesn't meet the required criteria.

PERSONAL INFORMATION:

Name of Applicant: _____ Father's Name: _____

CNIC No : _____ Date of Birth: _____

Cell No: _____ Email Address: _____

EDUCATION:

Qualification	Institute/University	Board	Year

GIS/RS QUALIFICATION (DIPLOMA/COURSES/CERTIFICATONS):

Name of Institute/ Organization	Designation	Description	Duration

MOTIVATION STATEMENT TO JOIN THE WORKSHOP:

DECLARATION:

By signing below, I acknowledge that the above information is true to the best of my knowledge. Any misinformation would render me ineligible for the induction.

(Applicant Signature & Date)

Approved by HOD
Signature, Designation & Phone No.

For Office Use:

Remarks by Committee members: 1) _____, 2) _____, 3) _____

Eligible: Eligible Not- Eligible Any Remarks: _____

Approved by Lab Director (G-SAGL): _____

Note: The application form should be send to email msuliman07@gmail.com, on or before the due date with attached bank draft/receipt.