

NATIONAL INSTITUTE OF VACUUM SCIENCE AND TECHNOLOGY

NCP Complex, Shahdra Valley Road, Post Box No.3125, Islamabad



TRAINING SECTION

REGISTRATION FORM

Document No.

NIN/Trg/Regform-01

Issue No.

01

Issue Date:

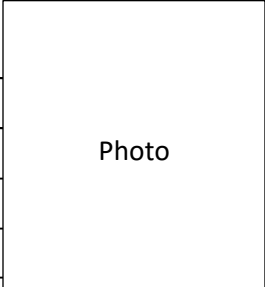
01/01/2016

Workshop on Vacuum Heat Treatment (WVST-71)

Dated: 22-23 February 2022

1. Name **(In Block Letters)**: _____
2. Father/Husband Name: _____
3. Date of Birth: _____
4. Nationality: _____
5. CNIC/Passport No: _____
6. Contact No: _____
7. P.E.C. No **(Only for Engineers)** _____
7. Organization: _____
8. Designation: _____
9. Present Address: _____

10. Email: _____
11. Qualification: _____
12. Registration Category: **General** **Faculty** **Students**
13. Pay Order/Bank Draft/Remittance Slip Attached:
 Yes **No** **Followed**



Date: _____

Signature of Candidate: _____

Recommended by with Seal:

FOR OFFICIAL USE

Registration Number: _____ Registration Date: _____

Pay Order / Bank Draft / Remittance Slip No: _____

Branch Name: _____ Dated: _____

