



NATIONAL INSTITUTE OF VACUUM SCIENCE AND TECHNOLOGY

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

Seminar on Vacuum Generation (SVST-11) February 21, 2012

REGISTRATION FORM

(Copies are acceptable)

1. Name (Block Letters): _____

2. Father's Name: _____

3. Date of Birth: _____ 4. Nationality: _____

5. NIC. No: _____ 6. Contact Nos: _____

7. Organization: _____

8. Designation: _____

9. 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: _____

Head of the Sponsoring
Agency with Seal

FOR OFFICIAL USE

Registration Number: _____ Registration Date: _____

Pay Order / Bank Draft / Remittance Slip No: _____

Branch Name: _____ Dated: _____