

Registration Form

FORENSICS

Examining the evidence



CRIME SCENE - DO NOT ENTER

Workshop on Forensic Evidence Collection

July 27 – 28, 2019

Liaquat University of Medical & Health Sciences (LUMHS) Jamshoro-Sindh Pakistan



Mr Mrs Dr

Last Name: _____

First Name _____

Qualification: _____

Designation:

Experience in Years:

University/Organizaion/Company: _____

Address: _____

E-mail: _____ Telephone: (____) _____

Address (i.e Department/Organization/Company):

**For Office Use:
Registration Fees:**

Chairman

-----PAID----UN-PAID

Initials/Comments _____
