**Form No. LUMHS-DRL-F-0038 Revision No.00**

 **DIAGNOSTIC & RESEARCH LABORATORY**

 **LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES**

 **JAMSHORO / HYDERABAD**

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| **COURSE: “HOW TO GET ACCREDITATION IN PATHOLOGY LAB”** **Picture****Instructions:**1. Personal Information should be in Capital Letters.
2. Only properly filled/complete forms will be considered.
3. Scanned form with payment proof must be sent through email or whatsapp, along with the completed form.
 |
| **Personal Information:** |
| 1. Full Name:
 |
| 1. Father’s Name:
 |
| 1. C.N.I.C. Number:
 |  |
| 1. Gender: Male Female
 | 1. Date of Birth:
 |
| 1. Address:
 |
| 1. Personal Contacts:
2. Phone No. (With Area Code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 1. Mobile No.:
2. Email Address:
 |
| 1. Qualification:
 | 1. Current Employee & Job Title:
 |
| **Payment mode:** |
| 1. Cash (At Registration Counter):
 | 1. Through Bank Account: (in case account, please attach bank slip or send screenshot on whatsapp)
 |
| **Acknowledgement:** |
| By signing below and submitting this Application Form, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/O, D/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree that the information I have provided above is accurate to the best of my knowledge. |
| Name: | Signature: | Date: |

**Account Details: Fees Structure:
Bank Name: ALLIED BANK LIMITED For Consultants, Residents, Doctors: Rs. 1,000
Account Title: ABDUL REHMAN KHALIL For Medical Technologists: Rs. 500
Account No: 0510-0010-0709-5152-0012
Contact: +92-333-7223999/ Email: qcpatho@lumhs.edu.pk**