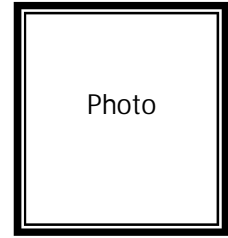




CONTINUOUS PROFESSIONAL DEVELOPMENT COURSE, 2015
GANDHARA UNIVERSITY PESHAWAR
CME / CDE REGISTRATION FORM



CME / CDE Title: _____

Name (in block letters):		S/D of:
Title (MBBS / BDS / MD):		PM&DC registration No.
Postgraduate Qualification:	Degree:	Year:
E-Mail Address:		Phone No:
BUSINESS INFORMATION		
Practicing address:		
City:		Postal code:
Work Phone:		Fax:
MAILING ADDRESS		
Address:		
City:		Cell Phone:
PAYMENT INFORMATION		
Bank Draft No. _____ Of Rs. _____ payable to Gandhara University, Peshawar.		

Note: Attached attested photo copies of CNIC and PMDC registration.

For office use only Registration No. GU/CME/CDE: _____

Signature of Applicant