



Registration Form



Title Prof/Dr./Mr./Ms.

Name _____

Designation _____ CNIC No # _____

PMDC Reg No # _____

Hospital _____

Mailing Address _____

Telephone (with area code) Hospital _____ Clinic _____

Res _____ Mobile _____

E-mail Address _____

I would like my title and name to appear on the conference badge as

Registration at Conference Secretariat

AFIC/NIHD Rawalpindi, Pakistan

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Tell: 0092-51-9271002 ext. 3235

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