

PROFESSIONAL DEVELOPMENT CENTER
SKILLS LAB IMRAN IDRESS TEACHING HOSPITAL
REGISTRATION FORM

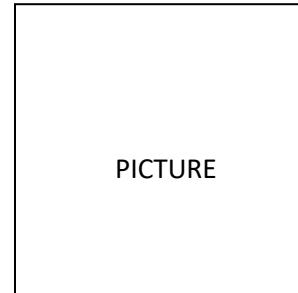
First Name: _____

Last Name: _____

Date of Registration: _____

Title of Workshop: _____

☐ _____



(Name of the candidate must be correct in spellings, Name shall be written as such on your course completion Certificate and shall not be changed later)

Valid Email Address: _____

(Email address must be valid all communication with candidate will be done via email)

CNIC No: _____ Contact No. _____

Marital Status: Married / Unmarried Sex: Male / Female

Work place / Profession: _____

IITH/SMC/Pharmacy/Physiotherapy/Nursing/ NOT IN IITH

Please Read and Check all the boxes below:

- ☐ I understand & agree to rules of training center.
- ☐ I allow PDC-IITH to do photography during the course for promotional, academic and documentation purposes.
- ☐ I will attend all the sessions and complete any required assessment or activities to receive certificate.
- ☐ I understand organizers reserve the right to modify the schedule of workshop however any changes made will be communicated in advance where possible.
- ☐ I understand that fee paid for the workshop is non-refundable and non-transferable unless under valid circumstances approved by the organizing institution.
- ☐ The above information given by me is correct and best of my knowledge. Any incorrect or misleading information may result in cancellation of my registration and certification.

Signature of Applicant: _____

Course / Workshop Date : _____ (For office use only)

TERMS AND CONDITIONS

- Registration is open to all healthcare professionals including MBBS (Consultants, PGRs, Medical officers, House officers, medical students) Pharm-D, DPT, Nursing , Allied Health Sciences, any relevant degree/profession and interested organizations.
 - Our skills lab is a Non-Profit Department, the fee charged for the course is to cover the expenditure on Course Learning materials, learning equipment, arranging instructors, organizing workshop and certification.
 - Registrations will only be confirmed on full payment of fee.
 - Seats per workshop are limited and will be allocated on first-come first-serve basis.
 - The registration fee is non-refundable, and non-transferable once submitted. Exception can only be made under valid circumstances approved by the organizing institution.
 - Cancellations under special circumstances must be submitted in writing at least one week (7 working days) before the confirmed date of the workshop.
 - No refunds will be issued for no shows or last minute cancellations under any circumstances.
 - Participants must attend all the sessions and complete any required Assessments or activities to receive a certificate. For workshops/courses that continue for more than one day certificate will only be issued if the participant shows 100% attendance.
 - The workshop may be photographed or recorded for promotional, academic or documentation purposes.
 - The organizers reserve the right to modify the schedule if needed without prior notice however, any changes will be communicated in advance where possible.
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- ☐ **I have read and understood all the above information.**
 - ☐ **I agree to all the terms and conditions.**

Signature of Applicant: _____

Date: _____

Signature of Coordinator _____

Date: _____