



Registration Form

Title of Training: _____

Name: _____

CNIC:

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Mailing Address:

Academic Qualification: _____ Designation: _____

Present Employer/Institution/Organization:

E-Mail: _____ Phone/Cell: _____

Date: _____ Signature: _____

Please send the filled-in-form to:

Dr. Zulfiqar Ali, Associate Professor

Department of Plant Breeding and Genetics

University of Agriculture Faisalabad, Faisalabad

Cell: 0321 6999974

E-Mail: zulfiqar_ali@uaf.edu.pk