

**NATIONAL INSTITUTE OF PSYCHOLOGY**  
*Centre of Excellence*  
**Quaid-i-Azam University, Islamabad**

**REGISTRATION FORM**

**Title of the Workshop** \_\_\_\_\_

**Name of Participant** \_\_\_\_\_

**Gender:**  Male  Female

Educational Qualification: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Telephone No \_\_\_\_\_

Mailing Address \_\_\_\_\_

Employment status

Student  Business  Private Employee  Govt Employee  Armed Forces

Work Place Address \_\_\_\_\_

Telephone No \_\_\_\_\_ Job Title \_\_\_\_\_

NIC #						-													-	
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**Mode of payment:**

Cash  Online Transfer  Bank Draft/Pay Order \*

\*Pay Order/Bank Draft should be in Favour of Director, National Institute of Psychology,  
Quaid-i-Azam University, Islamabad.

\_\_\_\_\_  
**Date of Registration**

\_\_\_\_\_  
**Signature of Participant**

Email the filled registration form to: [pre-conferenceworkshops@nip.edu.pk](mailto:pre-conferenceworkshops@nip.edu.pk)