REGISTRATION FORM

Title: _____ (Dr., Prof., Mr., Ms., Mrs.)

Name (Full): _____

Gender: _____ (Male, Female, Transgender)

Status: _____ (Students, Faculty, Researcher, Industry)

Department: _____

Institution: _____

Cell Number (WhatsApp): _____

E-mail: _____

Transaction ID of Registration fee: _____
*The receipt of Registration fee as a proof must be attached along with registration form and send back to Dr. Muhammad Zeeshan Majeed at zeeshan.majeed@uos.edu.pk.