



MEHRAN UNIVERSITY OF ENGINEERING & TECHNOLOGY, JAMSHORO
Office of the Research Innovation & Commercialization (ORIC)



REGISTRATION FORM

**Continuous Professional Development (CPD)
 Courses, Workshop and Seminar**

Course Name: _____

REGISTRATION DETAILS

Mr. Ms. Dr. Prof. Faculty Member Student Professional

Surname: First Name:

Occupation: Department:

Organisation/Institution:

Contact Address:

Cell No : Alternative Cell No.

Email Address:.....

Mailing Address:

PEC Registration No (*for Registered Engineers*)

Fees can be paid through deposited slip
 Account Title: DIRECTOR, ORIC, MUET
 Account No: 0000727902162603
 HBL, Sindh University New Campus Branch
 Jamshoro

Signature

ACKNOWLEDGEMENT

Received registration from Mr./Ms./Dr./Prof. _____

Department of _____ on dated: _____ for

Registration in Workshop/Course/Seminar Title _____

Paid fee of Rs. _____

Signature Received by: _____