

**THE REGISTRAR,
KING EDWARD MEDICAL UNIVERSITY,
LAHORE.**

SUBJECT: STUDENT REGISTRATION FORM FOR WORKSHOP

PROGRAM _____ SPECIALTY _____

WORKSHOP TITLE _____ From (Date) _____ To (Date) _____

NAME OF COURSE COORDINATOR: _____

Respected Sir,

I, Dr. _____ S/o,D/o _____ enrolled in the above

mentioned Program vide Order No. _____ Dated _____

for the Session _____ in Unit/Ward _____ at

_____ (Hospital Name).

My date of joining is _____ Student H.R I.D No. _____

Registration fee Rs. _____ paid vide Chelan No. _____ Dated _____

Signature of the PGR _____

Signature of the Supervisor/ Head of Department _____

FOR OFFICE USE ONLY:

OFFICE OF THE ASSISTANT REGISTRAR ACADEMICS:-

Verification by the concerned Clerk: _____

Re-verification by Assistant Registrar (Acad.) _____

IMPORTANT NOTE:- This Proforma can be obtained from the Office of the Assistant Registrar (Academics) or downloaded from the KEMU, Website.