



**ATOMIC ENERGY CANCER HOSPITAL**

**QUETTA (CENAR)**



**One Day Symposium**

**THYROID CANCERS**

**ADVANCES & CHALLENGES (DIAGNOSTIC & THERAPEUTIC PRACTICES)**

**REGISTRATION FORM**

<b>First Name</b>		<b>Photograph</b>
<b>Last Name</b>		
<b>Designation/Position</b>		
<b>Department / Division</b>		
<b>Institution</b>		
<b>PMDC No:</b>		
<b>Qualification</b>		
<b>Specialization</b>		
<b>Postal Address</b>		
<b>Phone / Fax No:</b>		
<b>Mobile No:</b>		
<b>Email:</b>		
<b>PSNM Membership No:</b>	<b>(Signature of Applicant)</b>	

**Note:** Please Email the Scanned copy of Filled Form to:

**Email:** [hajroza@yahoo.com](mailto:hajroza@yahoo.com)

**Whatsapp:** +92-3337838014