Registration Form

LOT QUALITY ASSURANCE SAMPLING (LQAS)

September 24-26, 2018

Department of Community Health Sciences, Aga Khan University

Full Name	(capital let	tters)					
Sex	Male \square	Female □		Date of Birth			
Institution							
Designation			Contact	Contact Number			
Mailing Ad	ddress						
Email Add	ress		Highest deg	ree obtained			
Do you hav	ve any prio	r experience with LQ	QAS	Yes \square	No \square		
If yes desci	ribe						
		led)					
If selected,	what will	be the source of your	funding (fees	, living expenses,	travel, etc.)		
Self \square		Employer □	Nationa	l/International O	rganization [
Other $\Box S$	pecify						
For AKU	employees	s: Self \square PGME \square	Section/Depa	artment/Division			
Accommod	dation requ	ired (available option	ns will be prov	ided on request)	Yes \square	No 🗆	
I certify that	at informat	ion I have provided in	n this applicati	ion is complete &	accurate.		
		Date	Š	Signature of Appl	icant		

Registration Process (Last date of application submission is September 15, 2018)

Please submit your form through email on cep.chs@aku.edu; nadira.ashraf@aku.edu OR deliver at Department of Community Health Sciences, Aga Khan University P.O. Box 3500, Stadium Road, Karachi-75300, Pakistan. Phone: +922134864802/34864911

Tuition Fee: The course tuition fee of the course is Pak. Rupees 11,250 (US\$ 150 applicable for international participants). It covers classroom instructions, course material, lunch and refreshments during working hours (Mode of payment will be communicated to selected participants).