



آغا خان یونیورسٹی

THE AGA KHAN UNIVERSITY

**Department Of Pathology and Laboratory Medicine**  
**Section of Microbiology**  
**February 18-19, 2019**

**Registration Form**

Name		
Institution		
Post Graduate Year at institute		
FCPS II Theory exam date (NA if not attempt yet)		
Email		
Telephone	+92	+
Address		
Postal Zip Code		
City		

**Workshop Registration Fee**

PKR 10,000/-

Payments should be made at **Cash Office**, Aga Khan University Medical College (located at Male Hostel courtyard, Aga Khan University main campus, Stadium Road Karachi) or through **bank transfer**.  
Registration is only confirmed after submission of the registration fees - Registration Timings (Monday through Friday | 9:00 am to 4:00 pm)

The last date for submission of workshop fees is February 3, 2019.

**Bank Transfer Details**

<b>Account No.</b>	20000014401	<b>Account Title</b>	The Aga Khan University
<b>Bank Name</b>	Soneri Bank Limited	<b>IBAN No.</b>	PK93SONE0002420000014401
<b>Branch Name</b>	AKU Branch Karachi	<b>Branch Code</b>	0024

**Contact**

*For further information:*

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