APPLICATION FORM

| Basic Cataract Surgery Training / Assessment Program | | | | | |
|--|-----------------|-------------|----------------------|------|----|
| Name | | | | | |
| CNIC Number | | | | | |
| Cell Number | | | | | |
| Email Address | | | | | |
| Place of Work | | | | | |
| PM&DC Reg No. | | | | | |
| Academic Qualification | | | | | |
| Name of Degree | Year of Passing | | College / University | | |
| | | | | | |
| | | | | | |
| Work Experience | | | | | |
| Name of Employer | | Designation | | From | То |
| | | | | | |
| | | | | | |