Lifesavers Foundation, Pakistan
Shifa College of Medicine, H-8/4, Islamabad.
Course Registration Form

Instructions:
(a) Fill the form in CAPITAL letters & attach the photo copy of NIC.
(b) Applicants must fill the form completely.
(c) Confirm the course dates and venue at least 48 hours before the course.
(d) Course timings: 0800 AM 1600 PM.

Course Applied for:

RS: 2000	RS: 6000	RS: 3000
☐ BLS	☐ ACLS	☐ BTLS

Course Date(s)

From: [ ][ ][ ][ ][ ][ ] (D D M M Y Y)

To: [ ][ ][ ][ ][ ][ ] (D D M M Y Y)

Applicant's Full Name

[ ]

Applicant's Father/Mother/Spouse Name

[ ]

Applicant's Postal Address - (Current)

[ ]

[ ]

Applicant's Tel (Home)

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Applicant's Tel (Mobile)

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Applicant Email Address:

Intuitions Name:

Applicant's Date of Birth

[ ][ ] - [ ][ ] - [ ][ ][ ][ ] (D D M M Y Y Y Y)

Applicant's CNIC Number.

[ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ] - [ ]

Declaration: I hereby agree to undergo training conducted by Lifesavers Foundation Pakistan, under the training rules set by them.

Applicant's Signature
With Date

Tear Here