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| **NCDC Registration Form** |

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**23/3 Race Course Road, Lahore 54000, Pakistan**

**Ph :(+92) 42 363 15584-5**

**Email:** [**ncdc@caritas.org.pk**](mailto:ncdc@caritas.org.pk)

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[**www.caritas.org.pk**](http://www.caritas.org.pk)

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| **Attach 2 passport size pictures** |

**Personal Information:**

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| --- | --- | --- | --- |
| Name: |  | | |
| Qualification: |  | DOB: |  |
| CNIC #: |  | Gender: |  |
| Contact #: |  | Email: |  |
| Address: |  | | |

**For Professionals:**

|  |  |
| --- | --- |
| Name of the Organization: |  |
| Address: |  |
| Email/Contact number: |  |
| Your Designation: |  |

**For Students:**

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| --- | --- |
| Name of Academic Institution : |  |
| Current Degree: |  |
| Address: |  |
| Email/Contact no.: |  |

**Seminar/ Trainings Attended** (list down the five most recent seminars/trainings attended within the last three years):

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| --- | --- | --- | --- |
| **Title** | **Type/Nature** | **Responsible**  **Organization** | **Duration/Date** |
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| 1. **What are your Expectations from this Course?** |
| 1. **How would you benefit from this Course?**   . |

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| **UNDERTAKING**  I have read the brochure of **“National Community Development Course”** and agree to the terms and conditions.  I am enclosing here with:  **Cross Cheque Demand Draft** **Any Other** |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_