** Registration Form for Certificate Course of**

# Paste your recent Photograph

**Health & Safety Environment / Solid Waste Management**

**Personal Details**

|  |  |
| --- | --- |
| Name in Full  (In Capital letters) |  |
| Job Title  (if any) |  |
| Qualification |  |
| Gender |  |
| Nationality |  |

**Contact Details**

|  |  |
| --- | --- |
| Telephone No/Mobile No |  |
| Email Address |  |
| Postal Address |  |

**Mode of Payment**

|  |  |
| --- | --- |
| Draft No |  |
| Pay Oder |  |
| Cash |  |

**NOTE: \***Draft/Pay order should be made in favor of Director Institute of Environmental Engineering & Management, MUET, Jamshoro. Account # 15087-64.

\*\*24th January 2014 will be the last date for submission of registration form.