**Form No. LUMHS-DRL-F-0038 Revision No.00**

**DIAGNOSTIC & RESEARCH LABORATORY**

**LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES**

**JAMSHORO / HYDERABAD**

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| **COURSE: “HOW TO GET ACCREDITATION IN PATHOLOGY LAB”**  **Picture**  **Instructions:**   1. Personal Information should be in Capital Letters. 2. Only properly filled/complete forms will be considered. 3. Scanned form with payment proof must be sent through email or  whatsapp, along with the completed form. | | | | | |
| **Personal Information:** | | | | | |
| 1. Full Name: | | | | | |
| 1. Father’s Name: | | | | | |
| 1. C.N.I.C. Number: | | | |  | |
| 1. Gender: Male Female | | | 1. Date of Birth: | | |
| 1. Address: | | | | | |
| 1. Personal Contacts: 2. Phone No. (With Area Code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 1. Mobile No.: 2. Email Address: | |
| 1. Qualification: | | | | 1. Current Employee & Job Title: | |
| **Payment mode:** | | | | | |
| 1. Cash (At Registration Counter): | | 1. Through Bank Account: (in case account, please attach bank slip or send screenshot on whatsapp) | | | |
| **Acknowledgement:** | | | | | |
| By signing below and submitting this Application Form, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/O, D/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree that the information I have provided above is accurate to the best of my knowledge. | | | | | |
| Name: | Signature: | | | | Date: |

**Account Details: Fees Structure:  
Bank Name: ALLIED BANK LIMITED For Consultants, Residents, Doctors: Rs. 1,000  
Account Title: ABDUL REHMAN KHALIL For Medical Technologists: Rs. 500  
Account No: 0510-0010-0709-5152-0012  
Contact: +92-333-7223999/ Email: qcpatho@lumhs.edu.pk**