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| **Online Certificate Course on "Diagnosis of COVID-19: Sample Collection, RNA Extraction, PCR, Data Interpretation, and Serology"** | | | | | | | | | | |
| **Date: August 18-20, 2020** | | | | | | | | | | |
| **REGISTRATION FORM** | | | | | | | | | | |
| **Deadline for Applications: August 14, 2020** | | | | | | | | | | |
| **1.** **NAME OF APPLICANT**    First Name:  Middle Name:  Last/Family Name: | | | | | | | **2**. **GENDER** | | | |
| **3. NATIONALITY** | | | |
| **4.** **CONTACT DETAILS** | Telephone No (optional):  Email address: | | | | | | | | | |
| **5. EDUCATION** (provide details of highest qualification only) | | | | | | | | | | |
| Name of Institution/University (Please give complete name) | | | Country | | Major field(s) of study | | | Name of diploma or degree | | Date received  or expected |
|  | | |  | |  | | |  | |  |
| **6. AREA OF EXPERTISE:** | | |  | | | | | | | |
| **7. EMPLOYMENT DETAILS** (provide current job details only) | | | | | | | | | | |
| Name of Organization  (Please give complete name) | | Country | | Job Title | | Employment Dates (from-to) | | | Main Responsibilities | |
|  | |  | |  | |  | | |  | |
| **8. How will this workshop** help you in your current job? (maximum 100 words) | | | | | | | | | | |
| Applicants are required to submit (preferably through email) their registration form to:  **Hanifa Beg**  Program Manager, COMSTECH  Tel: +92-51-9220681-3  Fax: +92-51-9205264, +92-51-9220265  Email: [hanifa@comstech.org](mailto:hanifa@comstech.org) | | | | | | | | | | |