

Orientation Seminar On
“Self Assessment Programme And University Ranking”
For Lecturers and Assistant Professors, University of Karachi

12th May 2015

Registration Form

Name of the Department / Center/ Institute:_____

- Name of Participant:_____
- Designation:_____
- Contact no.:_____

Signature and Stamp of the Chairperson/ Director/ In-Charge:_____

Note: Duly filled in registration form should be submitted to the Office of the Deputy Registrar (Academics)

latest by 7th May 2015.