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RESEARCH STUDENT REGISTRATION FORM

1. Name: Prof./Dr./Mr./Ms. _____

2. Gender: Male _____ Female _____

3. Designation: _____

4. Organization/Institute: _____

5. Student quantity: _____ Supervisor Name: _____

6. Mailing Address: _____

6. Mobile No: _____

7. Email ID: _____

8. Are You Presenting a Paper (Yes/No): _____

9. If yes, Title of Paper: _____

10. Category (Tick): Participant (For Outside Pakistan) / Industrial Participant / Academician / Faculty / Research Scholar / Student (PG)

(Accommodation assistance for the interested participants will be provided on paid & first come first serve basis. For this request along with payment should be made to the convener by 30th March, 2020)

11. Payment D.D. No. _____ Dated: _____

(In PKR): _____ Drawn on Bank & Address: _____

The demand draft should be in the favor of "PAAIS – PAKISTAN ASTHMA AND ALLERGY CLINIC" payable at Allergy & asthma clinic islamabad).

12. Declaration: I/We undertake that the paper now submitted to PAAIS 2020 is not copied or plagiarized version of some other published work. I/We certify that my/our research/review paper, submitted to PAAIS, has neither been submitted for publication nor published in any Journal/Magazine/conference proceedings so far.

Signature(s): _____

Date: _____