



Wildlife Training Courses Application / Registration Form Distance Learning Program

I am interested in 3-Month Training Course under the distant learning program of Pakistan Wildlife Foundation. Please register / enroll me in the following training course / courses.

Name (*):	
Father's Name (*):	
Date of Birth: (DD – MM – YY)	
Education (*):	
Occupation:	
Institution / Organization Name:	
Course Name (*):	
Course Code (*):	
Nearest City (for test and Viva for your own co	nvenience) (*):
Postal Address (*):	
Phone Cell:	
Email:	
Date: S	Signature:

Note:

- Information in the fields with (*) is compulsory
- Copy of Fee Deposit Slip shall be attached
- Maximum two courses can be attended at a time