

REGISTRATION
FORM

PERSONAL INFORMATION:

Full Name: _____
Designation: _____ Date of Birth: _____
Max. Qualification: _____
Field of Work: _____
Affiliation: _____
CNIC/BFORMNo: _____

CONTACT DETAILS:

Postal address: _____

City: _____ Province Name: _____ Country: _____
Phone No.: _____ Res: _____ Mobile: _____
Fax: _____ Email: _____

SCHOOL DETAILS:

Postal address: _____

School Name: _____ School Type: _____ GPS Location: _____
Phone No.: _____ Mobile No.: _____

(Signature of Applicant)

POSTAL ADDRESS:

Space Education & Awareness Desk
SUPARCO Headquarters SUPARCO Road, Karachi-75270

FOR QUERIES:

Phone: (+92-21) 021-34650765

Ext: 2053

URL : www.sead.pk