

**Registration Form**

**ARTICLE WRITING WORKSHOP**

**March 25<sup>th</sup> & 26<sup>th</sup>, 2019**

**Research & Development (R&D) Centre, Khyber College of Dentistry (KCD)  
Peshawar**

Full Name (capital letters) \_\_\_\_\_

Sex            Male     Female

Institution/Department \_\_\_\_\_

Designation \_\_\_\_\_    Contact Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_    Highest degree obtained \_\_\_\_\_

Do you have any prior experience with Manuscript Writing    Yes             No

If yes describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expectation from the Course (Brief) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer-related skills and experience:

- |                                |                              |                             |
|--------------------------------|------------------------------|-----------------------------|
| • Word Processing              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Data Management              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Data Analysis                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Reference Software Use       |                              |                             |
| • PubMed/Google Scholar Search |                              |                             |

I certify that information I have provided in this application is complete & accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Please submit this form by email to [reserchcellkcd@gmail.com](mailto:reserchcellkcd@gmail.com)

Or

WhatsApp to 0332-5925549