

& 2 // (* (2) 3 + < 6 , & , \$ 1 6 6 8 5 * (2 1 6 3 \$. , 6 7 \$ 1
7KH &ROOHJH RI 3K\VLFLDQV 6XUJHRQV 3DNLVW
\$FFUHGLWDWLRQ &RXQFLO IRU &ROWLQXLOJ OHGL
WR SURYLGH FROWLQXLOJ PHGLFDO HGXFDWLRQ

MEDICAL WRITING SKILLS FOR PG TRAINEES IN PSYCHIATRY

7KH IDFXOW\ RI 3V\FKLDWU\ LV RUJDQLLOJ DERYH W
7KH SXUSRVH RI WKLW WUDLQLOJ ZRUNVRS RQ DFDGHPL
LV WR LPSURYH ZULWLOJ DELOLWLHV RI SDUWLFLSDQWV
LQ WKHLU XQGHUVWDQGLOJ DERXW FULWLFDO DSSUDLVD
SHUV UHVHDFK GHVLJQV DQG PHWKRGORJ\ DQG KHOS
YHORS VNLOOV LQ ZULWLOJ GLIIHUHQW PRSRQHQWV RI
JUDQW DSSOLFDWLRQV

/H DUQLQJ 2XWFRPHV

i 3HUXVDO DQG FULWLFDO DSSUDLVDORIDVFLHQLILF
i ,PSURYHG VFLHQLILF ZULWLOJ VNLOV
i +RZ WR ZULWH D 5HVHDFK 3URSRVDORIDVFLHQLILF
i +RZ WR JHW SXEOLVKHG LQ DQ LPSDFWWRU MRXUQ

)DFLOLWDWRUV
i 3URI ,PUDQ &KDXGKU\ 3URI RI 3V\FKLDWU\ =LDXGGLO
i 'U 1DVLP &KDXGKU\ &RQVXOWDQW 3V\FKLDWU\ 255675\$7,21
i 3URIHVVRU ORZDGDW + 5DQD)DFXOW\ RI 3V\FKLDWU\

HWDLQV

Date:
7th April, 2017

Timing:
9:00am to 12:30pm

Venue: via video link

1. Karachi
2. Lahore
3. Islamabad
4. Hyderabad
5. Peshawar
6. Faisalabad
7. Quetta &
8. Multan

Course Fee:

Rs. 1000/-

Refreshment will be served

Last Date for Registration:

6th April, 2017

Mr. Abdul Saleem
Deputy Manager,
Department of Medical
Education, CPSP Karachi.
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021 - 99266446-9 (240),
999266426-37;
0300-2570638



COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN

The College of Physicians & Surgeons Pakistan is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians



DEPARTMENT OF MEDICAL EDUCATION

REGISTRATION FORM

MEDICAL WRITING SKILLS FOR PG TRAINEES IN PSYCHIATRY

On 7th April, 2017
Through video conference

Name (capital letters) _____

F a t h e r ' s _____ Gender: _____ CNIC #: _____

Institution _____

Post Address: _____

Cell No. (mandatory): _____ -mail (mandatory): _____

Please select the centre for the activity:

- Karachi
- Lahore
- Islamabad
- Hyderabad

- Peshawar
- Quetta
- Multan
- Faisalabad

Course Fee: Rs.1000/-

Please mention D/B/L Challan/Pay order/Demand draft: No

Bank: _____ No.: _____ Dated: _____

Disclosure information:

§ The activity does not have any commercial support, and its organizers, and speakers do not have any relevant financial relationship.

Signature of Applicant: _____ Date: _____

The registration will be on first come first served basis till the required number is achieved. Last date for registration: 6th April, 2017