



Registration Form

Name: _____

Qualification: _____

Postal Address: _____

City: _____ CNIC# _____

Mobile No.: _____ Telephone No.: _____

Email: _____ Work Experience _____

Working Organization _____

Registration as: Graduate

Postgraduate

Date: _____

Signature: _____



Facilitator
Dr. Shane Patman

PhD (Curtin); BAppSc(Physio)(Sydney); MSc (Curtin); Grad Cert Uni Teaching (Notre Dame Australia);
FACP; GAICD Specialist Cardiorespiratory Physiotherapist (as awarded by the Australian College of Physiotherapists in 2009)
Associate Professor, Cardiorespiratory Physiotherapy Stream Leader

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Venue

RCRS REHMAN COLLEGE OF
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5/B-2, Phase-5 Hayatabad, Peshawar.