



**Central Hi-Tech Laboratory**  
**University of Agriculture, Faisalabad**

Training Form (Session 2023-2024)

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Doc #

CHTL-SAF-03

Rev#00

Issue#01

1<sup>st</sup> March 2019

(1) Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

(2) Form Submission Date: \_\_\_\_\_

(3) Contact No/Email \_\_\_\_\_ / \_\_\_\_\_

(4) Session (Morning/Evening): \_\_\_\_\_

(5) Position:

(i) UAF Student (BSc/MSc/ MPhil/ PhD)

(ii) UAF Faculty Member

(iii) Government Organization

(iv) Private & Other R&D Organizations

(6) Department/Organization: \_\_\_\_\_

(7) Training Required: \_\_\_\_\_

(8) Recommended by:

(i) Supervisor/ Chairperson: \_\_\_\_\_  
(Name) (Stamp & Signature)

***For Official Use Only***

1. Training Charges: \_\_\_\_\_ Total Amount: \_\_\_\_\_

2. Name of Trainer: \_\_\_\_\_ Signature: \_\_\_\_\_

3. CHTL Invoice #: \_\_\_\_\_ Bank Receipt #: \_\_\_\_\_

4. In-Charge CHTL: \_\_\_\_\_