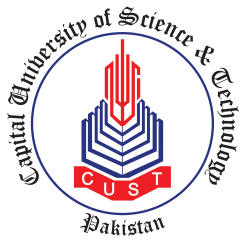
**Capital University of Science and Technology**

**Islamabad**

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**Registration Form**

**Workshop On**

**Model Predictive Control: Algorithms Tools, and Applications**

**(4th– 6th April, 2019)**

1. **PERSONAL INFORMATION (Use all capital letters)**

Name: (Mr. /Ms. /Mrs.) .

Address: .

Phone: .

E-mail: .

Cell:

Date of Birth:

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1. **PROFESSIONAL INFORMATION**

Designation: .

Department: .

Organization: .

Phone:

Office Address: .

City:

1. **MAXIMUM QUALIFICATION**

1. **UNDERTAKING BY THE APPLICANT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ undertake to abide by the rules and regulations of CUST, as applied, for the duration of the workshop.

Date: Signature: .

1. **DOCUMENTS TO BE ATTACHED WITH APPLICATION FORM**
2. Photocopy of Computerized National ID Card (CNIC)
3. Cash of Rs. 20,000/- (only for bonafide university students Rs. 5,000/-) in advance or deposited on the first day of symposium.

For queries please contact:

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**FOR OFFICE USE ONLY:**

Fee Paid:

Acceptance for the workshop:

Workshop coordinator.