



NATIONAL CRICKET ACADEMY

PCB PHYSIOTHERPY COURSE / WORKSHOPS

(APPLICATION FORM)

Name (Use Capital Letters): _____

Father's Name: _____

Address: _____

_____ Region: _____

Phone #: _____ Mobile #: _____

Email: _____

Sex: Male Female

Photograph

Professional Experience / Qualification: _____

Current Position: _____

Date: _____

Applicant's Signature

NOTE:

- ❖ The application must reach along with the Bank Draft valuing **Rs.20, 000/-** drawn in favor of **Pakistan Cricket Board**.
- ❖ For any queries please contact: Mr. Muqadas Umar, Coordinator Sports Medicine, National Cricket Academy, and Gaddafi Stadium Lahore. Phone: 042-5754758, 5754760 Fax: 042-5753185 Email: muqadas.umar@pcb.com.pk
- ❖ Please attach your detailed C.V. and copies of certificates along with this application form.

Clothing Size: M L XL XXL