



NATIONAL CRICKET ACADEMY

PCB SPORTS PHYSIOTHERAPY COURSE LEVEL – 1
(APPLICATION FORM)

Name (Use Capital Letters): _____

Father's Name: _____

Address: _____

_____ Region: _____

Phone #: _____ Mobile #: _____

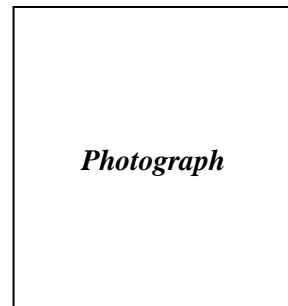
Email: _____

Age: _____ years Sex: Male Female

Qualification / Institute: _____

Current Working Organization: _____

Years of Experience: _____



Applicant's Signature & Date

NOTE:

- ❖ *The application must reach along with the Bank Draft valuing Rs.35, 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