Wednesday, June 5, 2013 *Time* 10:39



Registration Card

			Registration No.		
lr./Mrs/Miss _					
Company Name _				Phone	
Iddress _			Mobile		
Nationality _			City		
Fmail _			New	s Paper	
NIC/Passport			Date C	of Birth	
Arrival Date	Departure		Depart	DepartureTime 12	
ayment Mode	Cash Credi	Drop	Drop Service		
Idvance Payment _			Comir	ng From	
			Next Des	tination	
Room Number	No of Person	Room Type	Rate	Check In By	

Tel. +92-51-2277890

Fax. 92-51-2827180,2273967