**Applied Technology
Research Center**

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ATRC Technical support request form.

Date : _____
Details of organization or person requesting support
Organization Name :
_____

Name of supervisor in organization authorized for receiving support from ATRC :
_____

Contact information of supervisor :
Email : _____ Mobile :
_____
Official office address :
_____

Details of support required (please attach separate sheets if necessary)

_____
Signature of authorized supervisor.

This form needs to be submitted in original to : Mrs. Irfana Khawar, Manager Technical
Support, Applied Technology Research Center. C-55 Block A KDA Officers Karachi 75260
Pakistan. A scanned copy can emailed to : manager_technical_support@atrc.net.pk