

PHARMAFEST '10

Registration Form

Date: - _____

Title: - Mr. / Ms. / Mrs. _____

Year of Study: _____

Name of other Participants (in case of group):

(1) _____

(2) _____

Corresponding E-mail: _____ Mobile: _____

Participation: - _____

(Poster, Model, Elocution, Quiz)

If Poster or Model, Please specify Subject: _____

(Pharmaceutics / Biotechnology, Pharmaceutical Analysis / QA, Pharmaceutical Chemistry, Pharmacology, Pharmacognosy)

Transportation required: - Yes () No ()

Accommodation required: - Yes () No ()

(Accommodation provided for participation in events of both days only)

Amount: Bank: D.D. no: Date: _____

Name & address of Institute:

Sign of the Applicant

Stamp of the College

Sign of Principal

Important Notice:

- Registration fees is Rs. 50 per participant per event.
- Last date for registration is 25th Jan, 2010.
- Duly filled registration form along with DD drawn in favor of "Pharmafest Symposium", payable at Vadodara, is to be sent to,

The Registration Committee,

PHARMAFEST '10

Parul Institute of Pharmacy,

Parul Institute, P.O.- Limda-391760, Ta- Waghodia, Dist- Vadodara, Gujarat, India.