



**Indian Association
of Colleges of Pharmacy**

for a better body of knowledge

Presents



1st

**Pharmaceutical Sciences
Congress, Bengaluru - 2017**

at Ramaiah University of Applied Sciences

on 18th & 19th March, 2017

Theme: Connecting Pharmaceutical Sciences and Knowledge Advancement

REGISTRATION FORM

Reg. No.:

(PLEASE FILL IN BLOCK LETTERS)

First Name: _____ Middle Name: _____ Last Name: _____

Age: _____ Gender: ☐ Male ☐ Female Nationality: _____

Institution: _____

Designation: _____ Department: _____

Address for communication:

Email ID: _____

CC Mail ID: _____

Mobile: _____

Fax: _____

Educational Qualification & Years of Teaching/Practice Experience: _____

Payment Details:

Demand Draft No.: _____ Amount: _____

Name of the Bank: _____

The Particulars given above are correct and I accept full responsibility for the same

Signature of the Applicant

Recommendation of the Head of the institute

Date: _____

Signature with Seal

Send Your Filled Registration Form Along with DD to:

Secretary, Indian Association of Colleges of Pharmacy,
"Prasanna Enclave", First Floor, No.30, Bharathi Avenue Second Street
(Near Railway Station), Kotturpuram, Chennai - 600 085, Tamil Nadu, India

Note: DD should be drawn in favour of 'IACP' payable at Chennai