



**Indian Association
of Colleges of Pharmacy**

for a better body of knowledge

**Indian Congress of Pharmacy Practice, 2016
&
2nd Convention of IACP**

**on 2nd and 3rd April, 2016
at Hotel Le Méridien, Coimbatore, India.**

REGISTRATION FORM

(PLEASE FILL IN BLOCK LETTERS)

Reg. No.:

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:

Organising Committee, Indian Association of Colleges of Pharmacy,
"Prasanna Enclave", 1st Floor, No.30, Bharathi Avenue Second Street,
(Near Kotturpuram Railway Station), Kotturpuram, Chennai-600 085, Tamil Nadu, India.)

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