

NATIONAL CONFERENCE ON
INNOVATIONS IN NOVEL DRUG DELIVERY SYSTEMS
AND CLINICAL RESEARCH
(8th & 9th January 2020)



REGISTRATION FORM



Name (In Capitals): Mr/Mrs/Ms/Dr/Prof.....

Date of Birth: Age: Gender:

Profession: Student / Faculty / Delegate from Industry

Organization/Industry:

Corresponding Address:

Email ID:

Contact No.: 1. 2.

Registration for:

Participation Poster Presentation Oral Presentation

Title of Poster / Oral Presentation:

Registration Fee Details:

Category	On or before 28 th December 2019	Spot Registration
Students / Faculty	700 INR	900 INR
Delegates from Industry	800 INR	900 INR

Account Details:

Account Name: PRINCIPAL P RAMI REDDY MEMORIAL COLLEGE OF PHARMACY, KADAPA

Account Number: 067405009271

Name of the Bank: ICICI, Kadapa.

IFSC Code: ICIC0000674

Transaction Details:

Transaction ID: Date:

Name of the Bank:

Signature of Applicant
(With Date)

Signature of Head of the Institute
(With Seal)

Note: The Scanned copy of duly filled registration form must be mailed to pharmascireg2020@gmail.com.