

REGISTRATION FORM

Industry Person (Rs.1000/-) Faculty (Rs.1000-) Spot Registration (Rs. 1000)

Name (Dr./Mr./Mrs./Ms.): _____
(Surname) (First) (Middle)

Designation: _____

Organization: _____

Address for Correspondence: _____

City: _____ Pin: _____ State: _____

Phone (board): _____ Phone (direct): _____ Mobile: _____

Email: _____

Area of Interest: _____

Payment Details:

Cheque/DD No.: _____ Dated: _____ Amount: _____

Bank: _____

Cheque/DD should be payable to **"Organizing Secretary Annual Pharmacy Conference"**
State Bank of India, Ghatkesar Branch.

Online Payment should be done with **A/c Number : 62398946361**, Completely filled registration form should reach the following address on or before 26th Sept. 2018

Address: Anurag Group of Institutions (Autonomous),
Formerly Lalitha College of Pharmacy
Venkatapur (V), Ghatkesar (M), R.R. District – 500 088, Telangana State.

Contact Mail Id: agipharmacon@gmail.com

Note: Last Date of Registration is 26th Sept. 2018.

Contact for Registration:

Dr. M. Rammohan +91 9989427087
Mrs. K. Rajani +91 9959934134