

# PHARMA CONVENTION - 2016

## Pharma Vision 2020: Empowering Pharmacy Profession

### PARTICIPATION FORM

*Affix Photo*

Date: 1<sup>st</sup> March 2016  
Venue: Jaydev Bhawan, Bhubaneswar, Odisha  
Time: 10AM

Prof./ Dr./ Mr./ Mrs./Ms.

(Fill in CAPITAL LETTERS)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Class (if student): D.Pharm./B.Pharm./M.Pharm. \_\_\_\_\_ Year/Semester \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Nationality \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

PIN: \_\_\_\_\_ STD Code \_\_\_\_\_ Tel.(O) \_\_\_\_\_ Tel.(R) \_\_\_\_\_

Mobile.No.: \_\_\_\_\_ e-mail: \_\_\_\_\_

- kindly provide email ID and Photo without fail.

### PAYMENT DETAILS

Registration Fee Rs. \_\_\_\_\_ Amount words \_\_\_\_\_ (Rupees)

By cash/Demand Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

Please send the filled in Registration form with Demand Draft drawn on any nationalized bank in favor of "OPIF" payable at Bhubaneswar, Odisha.

Registration Fee @ Rs.250/- for student delegates and @ Rs.350/- for other delegates

Signature of the Delegate

Date:

Signature of the Head of Institution

(With seal)

(For student delegate only)



**For Details Please Contact:**  
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