

One Day Workshop on Biologics Era The Known & Unknown-



How Pharmacists To Equip? -17th August 2019 Department of Pharmacology, PSG College of Pharmacy



Coimbatore-4

Registration Form

Personal details: Title: Dr. Prof. Mr. Mrs. Ms.

Full Name: _____

Gender: Male Female Qualification: UG PG PhD

Designation: _____

Name of the Institute/Company: _____

Address: _____

City: _____ Pin Code: _____

Mobile: _____ Email: _____

Category	Registration
Student/Scholar	<input type="checkbox"/> Rs.500
Faculty	<input type="checkbox"/> Rs.750
Industrial persons	<input type="checkbox"/> Rs.1500

Payment Details:

DD/ Cheque /Transaction No: _____ Date: _____

Amount Rs: _____ Amount in words: _____

Bank details: _____

Registration Details:

- ❖ **DD favouring:** PSG College of Pharmacy Payable at Coimbatore (or)
- ❖ **Bank Transfer:** Name: PSG College of Pharmacy, AccountNumber:1481305371, IFSC Code: CBIN0280913

Head of the Institution (Sign & Seal)

Registration details are available online www.psgpharma.ac.in