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| Two Days National Level | |
| Two Days state level | |
| One Day State Level | |

REGISTRATION FORM (STUDENT)

To
Principal
Sinhgad Institute of Pharmaceutical Sciences
Kusgaon (Bk), Lonavala, Dist-Pune 410401

SAVITRIBAI PHULE PUNE UNIVERSITY SPONSORED

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|---|--|---|
| 4th FEBRUARY 2016 | 5th & 6th FEBRUARY 2016 | 13th & 14th FEBRUARY 2016 |
| ONE DAY STATE LEVEL SEMINAR | TWO DAYS STATE LEVEL SEMINAR | TWO DAYS NATIONAL LEVEL SEMINAR |
| "Treaties and Practices of Intellectual Property Rights" | "Natural Product Chemistry: Drug Discovery and Development" | "Current trends and future avenues in Pharmaceutical Formulations" |

Name (in capital) : _____

Class : _____

College/ Institution : _____

Postal address : _____

E-mail ID : _____

Mobile Number :

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| Registration Fees (₹) | DD/ Cash | DD. No. | Dated: |
| Bank: | | | |

Accommodation required: Yes No (₹ 200 per day per participant)

Date:

Signature of Student

Certificate:

I hereby certify that Dr./Mr./Mrs./Ms..... is a UG/PG student/Research scholar of the Institution/Organization and he/she intends to attend aforementioned seminar. I am forwarding his/her application for the needful action.

Place:

Date:

Signature
Principal/Director/ HOD