

## Registration form

INDIAN PHARMACOLOGICAL SOCIETY and SMT. KISHORITAI BHOYAR

COLLEGE OF PHARMACY jointly organizes two days workshop on

**“Surgical and Behavioral Techniques in Neuropharmacology”**

(27-28<sup>th</sup> February 2010)

Name (in Capitals): -----  
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Qualification: -----

Designation: -----

Institute: -----  
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Mailing address : -----  
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Ph. No. ----- e-mail.-----

Accommodation required: Yes/ No

Details of registration fee remittance

DD No. ----- Date: -----

Bank:-----

Applicant

Seal & Signature of the Principal

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Registration form along with DD drawn in favor of Co-ordinator, National workshop payable at Kamptee should be sent to **Dr. Milind Umekar**, Convener at SMT. KISHORITAI BHOYAR COLLEGE OF PHARMACY, New Kamptee Dist. Nagpur 441 002, Phone -07109/288650 Fax - 07109/287094, Email: b\_taksande@rediffmail.com, Website- [www.dopkamptee.com](http://www.dopkamptee.com)