

Registration form

INDIAN PHARMACOLOGICAL SOCIETY and SMT. KISHORITAI BHOYAR

COLLEGE OF PHARMACY jointly organizes two days workshop on

“Surgical and Behavioral Techniques in Neuropharmacology”

(27-28th February 2010)

Name (in Capitals): -----

Qualification: -----

Designation: -----

Institute: -----

Mailing address : -----

Ph. No. ----- e-mail.-----

Accommodation required: Yes/ No

Details of registration fee remittance

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

Bank:-----

Applicant

Seal & Signature of the Principal

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