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Registration form

Name of the conference: A Pharmaceutical National conference on “Intellectual Property Rights and Current Trends in Advanced Drug Delivery System”

Organizing institution: Pitambara College Pharmacy, Ranchi, Jharkhand.

Paper ID:

Paper Title:

Name of the registered author / main author:

Full Address (Designation, Department, College and its address):

Contact Number:

Email ID:

InSc ID (Optional): _____ **Referred By (InSc Member ID, Optional):** _____

From where you heard about this conference: Poster / Friends / Google add /Face book _____

Coauthors details (Mention maximum of three co authors details)

Name

Contact Number

Email ID

Coauthor 1:

Coauthor 2:

Coauthor 3:

Coauthor 4:

Registration fee paid: Rs.1500/-

All the information provided by me is true to my knowledge.

Signature

Date:

Place: