

APP-SKIP COLLABORATIVE

7th INDO-US CONFERENCE THEME: PRESENT TRENDS AND BREAKTHROUGHS IN



PHARMACEUTICAL SCIENCES

(5th December, 2019)

REGISTRATION FORM

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Student/Scholar/Academician/Industry	/:	-
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Title of poster:		
(Only registered delegates will be	permitted to participate in Poster Pres	entation)
APP membership number (if applicab	le):	_
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Association of Pharmacy Professionals (Registered under MP Society Registration Act, 1973)

Head Office: ROSE-350, New Minal Residency, J.K. Road, Bhopal, Madhya Pradesh, India

MEMBERSHIP FORM

Kindly enroll me as 'Life Member' of the ASSOCIATION OF PHARMACY PROFESSIONALS (APP).

I agree to abide by the rules of the APP.

Kindly attach good quality photo

Name: Prof./Dr./Mr./Mrs./Ms						
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Highest Academic Qualification :		DOB:		Blood gro	oup:	
Completion year of D.Pharm	B.Pharm	M.Phari	m	Ph.D		
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NOTE: Scanned copy of the duly filled membership form can be e-mailed at presidentapp11@gmail.com