

REGISTRATION FORM

PHARMOLSAVAM 2012



NAME OF COLLEGE

.....
.....

NAME OF PRINCIPAL

.....

ADDRESS FOR COMMUNICATION

.....
.....
.....

TELEPHONE NO

.....

FAX NO

.....

E-MAIL ADDRESS

.....

NAME OF TEAM MANAGER

.....

DESIGNATION

.....

TELEPHONE & MOBILE NUMBER

.....

REGISTRATION FORM

PHARMOLSAVAM 2012

INDIVIDUAL ITEMS

Sl.No	Admission Number	Name of Participant (In Block Letters) Name of a Student must be entered only once	Course & Year	Male/Female M/F	Item Code of Participating Item				
1									
2									
3									
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PHARMOLSAVAM 2012

INDIVIDUAL ITEMS

Sl.No	Admission Number	Name of Participant (In Block Letters) Name of a Student must be entered only once	Course & Year	Male/Female M/F	Item Code of Participating Item				
17									
18									
19									
20									
21									
22									
23									
24									

CERTIFICATE

Certified that all the participants are students of B.Pharm/M.Pharm/Pharm D undergoing the course of study in this institution. I also declare that the participants will abide by the rules and regulations of the competition.

Place : _____ College Seal _____ Signature of Principal/ Head of the Dept.

Date : _____

For Programme Committee use only

College Code : _____

Item Code : _____

Chairman Organising Committee

