



G. PULLA REDDY COLLEGE OF PHARMACY

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In Association with

INDIAN PHARMACEUTICAL ASSOCIATION, TELANGANA STATE BRANCH

One Day Seminar on

“INNOVATIONS IN PHARMACEUTICAL RESEARCH - 2017”

AND ORAL PRESENTATIONS

19th August 2017



REGISTRATION FORM

(Please fill in block letters)

Name :

Qualification :

Name of College & Address:

Sex (M / F):

PIN:

Mobile:

Email id:

Oral Presentation (Yes / No):

Title of the Paper:

- Subject Category (√):**
- A)** Pharmaceutics
 - B)** Pharmaceutical Chemistry
 - C)** Pharmacology
 - D)** Pharmacognosy
 - E)** Pharmaceutical Analysis and Quality Assurance
 - F)** Pharmacy Practice
 - G)** Other allied pharmacy subjects

***Registration fee Remittance details: Cash / D.D**

Demand Draft for Rs.

D.D No:

Date: / /

drawn on bank

Place

In favour of “**G. Pulla Reddy college of Pharmacy, Hyderabad**”, payable at **Hyderabad**”.

Date:

Signature

Certificate by the Head of the Institution

Mr. /Ms. _____ is studying in B. Pharm/ M.Pharm/
Pharm.D Student at (Name of the Institution):

Date:

Signature and Seal of the Head of the Institution

For any Queries Contact

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