

**National Seminar on**  
**“Recent Advances In Drug Delivery Strategies And Clinical  
Research”**

**10<sup>th</sup> NOVEMBER, 2018**

**Registration Form**

Name of the Participant: Dr / Mr / Ms / Mrs.-----

Age: -----

Sex: Male / Female

Qualification: ----- Designation: -----

Category: Student/ Research Scholar/  
Personnel/others

Teaching Faculty/ Industry

Official

Address:-----  
-----  
-----

Email: -----

Mobile Number: -----

Accommodation Required: Yes/ No

Payment Details:(REGISTRATION FEE Rs 300/-)

DD No: -----Bank: -----

Branch: -----Date: -----

Signature of Applicant      Forwarded by Head of the Institution

Note: Photocopy of Registration form can be used.

DD in favour of “ The Principal, SB College of Pharmacy”, Payable at Sivakasi.