



APP-SRLTGI COLLABORATIVE INDO-MALAYSIAN VIRTUAL INTERNATIONAL CONFERENCE

Theme: Recent Progress in Pharmaceutical Technology & Drug Discovery

(5th February, 2022)

Venue: S.R.L.T. Group of Institutions, Ekdil, Etawah, Uttar Pradesh, India

REGISTRATION FORM

Name: Prof./Dr./Mr./Ms. _____

Designation: _____

Sex: _____ Age: _____

Highest qualification: _____

Institute name: _____

Address: _____

Mobile: _____

E-mail: _____

Registration category (Staff/Student): _____

Registration fee remitted: **Rs 200** (APP members) / **Rs 400** (non-members) _____

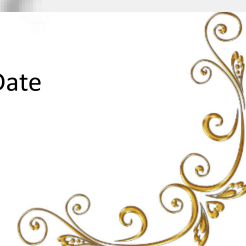
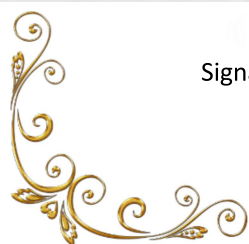
Transaction receipt number: _____

Title of oration/poster (if presenting): _____

APP membership number (if applicable): _____

Signature

Date





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**Theme: Recent Progress in Pharmaceutical Technology & Drug Discovery
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Venue: S.R.L.T. Group of Institutions, Ekdil, Etawah, Uttar Pradesh, India

NOMINATION FORM FOR OUTSTANDING ORATION AWARD 2022

Name: Prof./Dr./Mr./Ms. _____

Designation: _____

Sex: _____ Age: _____

Highest qualification: _____

Institute name: _____

Address: _____

Mobile: _____

E-mail: _____

Registration category (Staff/Student): _____

Nomination fee remitted: **Rs 500** _____

Transaction receipt number: _____

Title of oration: _____

APP membership number (if applicable): _____

Signature

Date

*Please note that winner of this memorial award will receive Rs 2000, medal, certificate and registration of any 2 APP conferences in 2022 will be free for the awardee. Runner-up will receive Appreciation award with Rs 1000, medal, certificate and registration of any 1 APP conference in 2022 will be free for the runner-up.
Eligible candidates: Research Scholars/Ph.D holders; Last date of entry: 31st January 2022*





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.....

(First)

(Middle)

(Surname)

Highest Academic Qualification :.....DOB:.....Blood group:.....

Completion year of D.Pharm.....B.Pharm.....M.Pharm.....Ph.D.....

Designation:.....M.Pharm Specialization:.....

Affiliation:.....

Mailing address:.....

Distt.....State.....Pin code.....

Mobile:.....E-mail:.....

Area of Research (if applicable):.....

Recommendation from APP

fellow/life member

Signature of the Candidate

Signature:.....

Name:.....

Membership no:.....

Date:.....



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APP / / /

Life Membership fee : Rs 2000/-

NOTE: Scanned copy of the duly filled membership form can be e-mailed at presidentapp11@gmail.com