

## APP Awards

Applications are invited for following awards for Indo-Japanese conference:

1. Best M.Pharm Student Award (for outstanding academic achievements - male & female) in each branch
2. Best B.Pharm & Pharm.D (1 Year) Student Award (for outstanding academic achievements - male & female)
3. Best B.Pharm & Pharm.D (2 Year) Student Award (for outstanding academic achievements - male & female)
4. Best B.Pharm & Pharm.D (3 Year) Student Award (for outstanding academic achievements - male & female)
5. Best B.Pharm & Pharm.D (4 Year) Student Award (for outstanding academic achievements - male & female)
6. Best Pharm.D (5 Year) Student Award (for outstanding academic achievements - male & female)
7. Best D.Pharm (1 & 2 Year) Student Award (for outstanding academic achievements - male & female)
8. Best Research Scholar Award (for outstanding Ph.D Scholars - - male & female)
7. Best Teacher Award (for outstanding teaching)
8. Best Researcher award (for outstanding research)
9. Best Achiever Award (for outstanding teaching & research)
10. Best Pharmacist Award (for outstanding public service)
11. Best Performer Award (for overall outstanding activities-student)
12. Best Talent Award (for overall outstanding activities-faculty)



Award will include a certificate & medal and news will publish in APP newsmagazine. Every selected awardee should join APP as a life member. Membership forms & fees can be online deposited at APP account. Scanned copy of the duly filled APP membership form can be emailed to '[presidentapp11@gmail.com](mailto:presidentapp11@gmail.com)' with good quality photo & APP life membership fee of Rs 2000/- (+ Rs 50/- as bank transfer charges) can be e-transferred of at:

**Beneficiary Name: ASSOCIATION OF PHARMACY PROFESSIONALS SMITI**

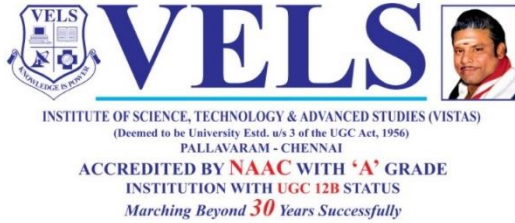
**Beneficiary Bank: State Bank of India**

**Beneficiary Branch: HET Bhopal, Madhya Pradesh**

**Beneficiary A/c No.: 32005591455**

**IFSC Code: SBIN0000519**





## **APP-VISTAS COLLABORATIVE INDO-JAPANESE CONFERENCE**

**Theme: Recent Advances & Global Challenges in Pharmaceutical Field**

**(9th April, 2022)**

**Venue:** Vels Institute of Science Technology and Advanced Studies (VISTAS)  
Pallavaram, Chennai, Tamilnadu

### **REGISTRATION FORM**

Name: Prof./Dr./Mr./Ms. \_\_\_\_\_

Designation: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Highest qualification: \_\_\_\_\_

Institute name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Registration category (Staff/Scholar/Student): \_\_\_\_\_

Amount remitted: \_\_\_\_\_

Transaction receipt number: \_\_\_\_\_

Title of oration/poster (if presenting): \_\_\_\_\_

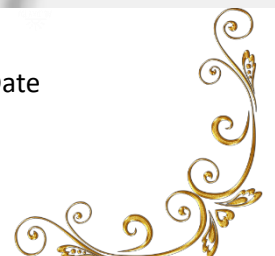
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APP membership number (if applicable): \_\_\_\_\_



Signature

Date





# 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:.....



www.appconnect.in

APP / / /

Life Membership fee : Rs 2000/-

**NOTE:** Scanned copy of the duly filled membership form can be e-mailed at [presidentapp11@gmail.com](mailto:presidentapp11@gmail.com)