

APP Awards

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

1. Best M.Pharm Student Award (for outstanding academic achievements - male & female) in each branch
2. Best B.Pharm (1 Year) Student Award (for outstanding academic achievements - male & female)
3. Best B.Pharm (2 Year) Student Award (for outstanding academic achievements - male & female)
4. Best B.Pharm (3 Year) Student Award (for outstanding academic achievements - male & female)
5. Best B.Pharm (4 Year) Student Award (for outstanding academic achievements - male & female)
6. Best Research Scholar Award (for outstanding Ph.D Scholars)
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' 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-BIP COLLABORATIVE 10TH INDO-CARIBBEAN INTERNATIONAL CONFERENCE

**Theme: Recent Trends in Drug Design, Discovery and Development
(22nd August, 2022)**

Venue: Bharat Institute of Pharmacy Degree Course, Babain, Kurukshetra, Haryana

REGISTRATION FORM

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

Designation: _____

Sex: _____ Age: _____

Highest qualification: _____

Institute name: _____

Address: _____

Mobile: _____

E-mail: _____

Registration category (Staff/Student): _____

Amount remitted: _____

Transaction receipt number: _____

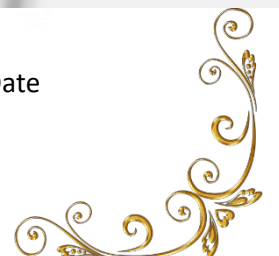
Title of poster (if presenting): _____

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:

Name:

Membership no:

Date:

Signature of the Candidate



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