

APP Awards

Applications are invited for following awards for this Indo-US International Conference:

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

Requirements: One page CV with photo, academic credentials & key achievements duly attested and stamped by the Institute Head, membership form, fee transaction receipt & award name

Last date for application: February 19, 2024





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