



One day Workshop on

Bioorganic Chemistry & Drug Design

26th February 2016

Registration Form

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

Designation.....

Qualification.....

Age.....Sex.....

Office Address.....

.....

Tel. (Off.).....Cell.....

E-mail.....

Registration Fees Details : D. D. / Cash of Rs.....in favour of
"The Principal, College of Pharmacy, Ahmednagar"
payable at Ahmednagar

D.D. No.....Drawn on.....

Signature of Participant

Attestation Signature
(Principal / HOD)



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