



**4th International conference on “Pharmacogenomics,
proteomics in Drug Discovery, development and clinical
Therapeutics” on 13th and 14th April, 2016
PPDDCT-2016**

REGISTRATION FORM

Name: _____ Affiliation: _____

Department: _____

Organization: _____

Address for Correspondence: _____

PinCode: _____

Phone: _____ Mobile No: _____

E.mail: _____

Registration Category: (Please Tick) ☐

Faculty Member: ☐ Participant from Industry: ☐ Students and Research Scholars: ☐

wether Presenting Paper: Yes: ☐ NO: ☐

Mode of Presentation: Oral: ☐ Poster: ☐

DETAILS OF REGISTRATION FEE

Name and branch of Bank:

DD No: _____ **Dated:** _____

For Rs: _____ **(In words)** _____

(DD should be in favour of “Chitkara College of Pharmacy, Rajpura”, Payable at Chandigarh)

Signature of Participant

Bus Facility will be provided to the delegates from Tricity; Chandigarh, Mohali, Panchkula, Zirakpur, Dera Bassi, Patiala, Ambala, Rajpura, Kalka

Registration form can be downloaded and completed forms with the requisite fee as Demand

Draft can be posted at the address:

The Organizing Secretary (PPDDCT-2016)

Dr. Thakur Gurjeet Singh,

Associate Professor & HOD,

Chitkara College of Pharmacy, Chitkara University,

Chandigarh-Patiala National Highway (NH-64),

Rajpura, Distt. Patiala, Punjab,

India. 140401.

Phone No.: +919815951171

ccpconferences@chitkara.edu.in

Visit Website : www.chitkara.edu.in