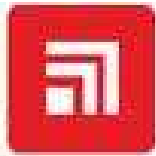


**CHITKARA**  
UNIVERSITY



**CHITKARA COLLEGE OF PHARMACY**  
**INTERNATIONAL CONFERENCE ON “DRUG RESISTANCE,**  
**DEVELOPMENT, PHARMACEUTICAL TECHNOLOGY AND**  
**OUTCOMES”**

**(DRDPTO-2014)**

**REGISTRATION FORM**

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

Department: \_\_\_\_\_

Organization: \_\_\_\_\_

Experience (in years) Teaching and Industry:

\_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_

PinCode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E.mail: \_\_\_\_\_

Registration Category: (Please Tick)

Faculty Member:

Participant from Industry:

Students and Research Scholars:

Invited Speaker and guest:

**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**

### REGISTRATION FEES

	Before Deadline 20 March, 2014	After Deadline After 20 March or on the spot Registration
Students	800	1000
Faculty	1000	1200
Industrial Candidates	1500	2000

### REQUIRED STAY ARRANGEMENTS

Request for hotel boarding and approximate tariff for hotel accommodation has to be sent with registration form/mail.

Required:

Not Required:

Expected Tariff Per Person
1000
2000
3000

Date: \_\_\_\_\_

Registration form can be downloaded and completed forms with the requisite fee as Demand Draft can be **posted at the address:**

**The Organizing Secretary,**

**DRDPTO-2014,**

**Chitkara College of Pharmacy, Chitkara University,**

**Chandigarh-Patiala National Highway,**

**Rajpura, Distt. Patiala, Punjab,**

**India. 140401.**

**Phone No.: +919815951171, 09855024140**