CHITKARA COLLEGE OF PHARMACY
INTERNATIONAL CONFERENCE ON “MOLECULAR PHARMACOLOGY, DRUG DISCOVERY AND NANOPHARMACEUTICALS”
(MPDDNP-2015)
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

<table>
<thead>
<tr>
<th></th>
<th>Before Deadline 10 March, 2015</th>
<th>After Deadline After 10 March or on the spot Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>800</td>
<td>1000</td>
</tr>
<tr>
<td>Faculty</td>
<td>1000</td>
<td>1200</td>
</tr>
<tr>
<td>Industrial Candidates</td>
<td>1500</td>
<td>2000</td>
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</tbody>
</table>

REQUIRED STAY ARRANGEMENTS

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

Required: ☐

Not Required: ☐

<table>
<thead>
<tr>
<th>Expected Tariff Per Person</th>
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<tbody>
<tr>
<td></td>
<td>1500</td>
</tr>
<tr>
<td></td>
<td>2000</td>
</tr>
<tr>
<td></td>
<td>3000</td>
</tr>
</tbody>
</table>

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,
Thakur Gurjeet Singh,
MPDDNP-2015,
Chitkara College of Pharmacy, Chitkara University,
Chandigarh-Patiala National Highway (NH-64),
Rajpura, Distt. Patiala, Punjab,
India. 140401.
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ccpconferences@chitkara.edu.in