

Applicant information form for “Emerging Role of Pharmacist in Health Management” workshop

1. Name of Applicant: _____
2. Designation: _____
3. Working experience in year(s) _____
4. Place of work: _____
5. Email ID: _____
6. Telephone No.(Office) _____ (Residence) _____ (M) _____
7. Communication address: _____

8. Nature of work (Tick appropriately) Dispensing Manufacturing
 Store management Others (Please specify)
9. How this workshop is going to benefit you?

10. Do you need accommodation (charges extra) Yes No
(Accommodation once booked can't be canceled)
11. Demand Draft amount and no. _____