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. ____________________________

Please acknowledge the receipt of this form by sending an email on oculpharm@gmail.com