

Registration form

IPA GOA & IPA CPD'S

ONE DAY NATIONAL CONVENTION-GOA

NOVEMBER 23RD, 2014 – NIO AUDITORIUM, DONA PAULA - GOA

Name. Ms./Mrs./Ms.....

Qualification.....Student.....

IPA Membership No.....

Mobile No

Email id.

Designation : _____ Place of work : _____

Correspondence Address :

.....

.....

Town.....State.....

Registration Amount Payable : Rs.....(In words.....)

By Cash/DD/Cheque No.....Bank.....

DD/Cheque to be drawn in favour of Indian Pharmaceutical Association, Goa

FOR OFFICE USE ONLY

Received Rs.:.....

Receipt No :

Registration No :

Signature :