



National Workshop on Research Methodology

4th -9th December 2017



Registration Form

(Please fill in Block Letters)

Name:

Designation/ Qualification:

Institution/Organization:

Gender: Male/Female

Mailing Address:

Pin/Zip:

Telephone (O)

(M)

E-mail:

I would like to attend the workshop as (please tick)

Industry Sponsored Delegate

Industry

Academic/Research Organization

Student

Accommodation required: Yes / No

Bank Name:

DD No:

Rs:

Date:

Signature:

Date:

Place:

Registration form along with remittance should be send to Organizing Secretary, National Workshop on Research Methodology, M.M. College of Pharmacy, M.M. University, Mullana, Ambala, Haryana (India) 133207.

*Photocopy of this registration form can be used.

NOTE: Student must possess a valid ID proof.

Any Other Assistance

Dr. Akash Jain

8059930165

akash.jain@mmumullana.org

Online transfer of registration fee accepted

Bank Account Details

Name of the Account	M.M. College of Pharmacy
Account Number	30757467186
Bank	State Bank of India
Branch	Mullana
IFSC code	SBIN0011843