

Registration form

National conference on Challenges for pharmaceutical and biotech industries

Name (in BLOCK letters).....

Address:

.....

.....

City.....

Status.....

PIN.....

Phone.....

Email- id.....

Designation (check your category)

- Student 1.....College.....
Student 2.....College.....
- Teacher..... Institute.....
- Research scholar..... Field.....
Institute.....
- Industry delegate.....
Name of the company/ industry.....

Participation.

1. Research Paper
2. Poster Presentation
3. Both

Topic:

Tracks

- | | |
|--------------------------------------|--------------------------|
| 1) Health care related to marketing | <input type="checkbox"/> |
| 2) Health care related to Sales | <input type="checkbox"/> |
| 3)Health care related to Finance | <input type="checkbox"/> |
| 4)Health care related to HR | <input type="checkbox"/> |
| 5)Health care related to Hospital | <input type="checkbox"/> |
| 6) Health care related to Production | <input type="checkbox"/> |

Registration fees- As per given in the e-brochure

Mode of Payment: Bank Draft in favour of 'S.I.E.S. College Of Management Studies'

payable at Navi Mumbai

Enclosed Bank Draft No. _____ Dated _____

Drawn on _____

Date:

Signature of the applicant

- Registration form and DD would be send to :
C/O: Chitra Ramanan
S.I.E.S College of Management of Studies,
Shri Chandrasekarendra Saraswati Vidyapuram,
Plot 1-E, Sector V, Nerul,
Navi Mumbai-400 706
Tel: 022-2770 8376/77