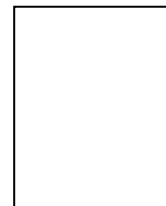


SRI SHIVANI COLLEGE OF PHARMACY

Registration form for Work Shop on Analytical Techniques



1. Name in full (Block Letters) :
2. Father's Name :
3. University/College :
4. Male/ Female :
5. Age/Date of Birth :
6. Native Place :
7. Educational Qualification :
8. Address :
9. Mobile No. :
10. Email ID :
- 11.Registration. No :
12. Work Shop Fee :

(Rs.500/- includes work shop kit, lunch & certificate)

Date:

Place:

Signature of the applicant