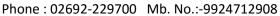


CHARUTAR VIDYA MANDAL'S INDUKAKA IPCOWALA COLLEGE OF PHARMACY

Approved by AICTE & PCI, New Delhi.





E-mail:iicp_pharmacy@hotmail.com Web: http://www.iicp-cvm.edu.in

Registration Form (Refresher Course for the Pharmacist) Sponsored by:

GUJARAT STATE PHARMACY COUNCIL

Block No. 4/A, 3rd Floor, Old Nursing College Building,

Opp. Cancer Hospital, Gate No. - 6, Civil Hospital Campus, Asarva, Ahmedabad-380016

Date: 15th July and 16th July 2017

*	Name:		
*	Date of Birth:	Age:	
*	Qualification:	Designation :	
*	E-Mail Address:		
*	Reg. No. :	Date of last renewal:	
*	,	resent Institute / Organization:	_
Ado	dress of communication		_
_			_
Cor	ntact No(M) :		
Contact No(O):			

Date: Signature of the Applicant

Enclosure:(1)Registration Certificate

- (2) Receipt of latest renewal
- (3) Kindly send registration fees **Rs.300=00 cash or D.D**.

In favour of "PRINCIPAL INDUKAKA IPCOWALA COLLEGE OF PHARMACY, PAYABLE AT VALLABH VIDYANAGAR, ANAND"