**PHARMA KNOWLEDGE AND TRAINING INSTITUTE**

**(FINISHING SCHOOL)**

**(MANAGED BY TAMILNADU PHARMACEUTICAL SCIENCES WELFARE TRUST)**

**“Training Programme on Pharmacovigilance”**

**3rd August 2017 to 5th August 2017**

**Registration Form**

Name : Sex : Male / Female

Date of Birth: Phone No :

Mobile: Email id :

|  |  |
| --- | --- |
| **Permanent Address** | **Present/ Local Address** |
|  |  |

Qualification : Pharm D Final year / M Pharm Pharmacology final year

**Month & year of Passing Degree / Date of appearing for final Exam:**

College Studied:

Demand Draft details:

The DD / Cheque in favour of “**Tamilnadu Pharmaceutical Sciences Welfare Trust”**

Amount Rs. Bank : Branch:

Signature: