

Delhi Institute of Pharmaceutical Sciences and Research

Govt. of NCT of Delhi (Affiliated to Delhi University)

MB Road, Pushp vihar, Sector 3 New Delhi 110017, India

Web: www.dipsar.ac.in Email: qipxviidipsar@gmail.com

Phone: 29553771, 29554649, Fax: 91-11-29554503

REGISTRATION FORM FOR AICTE SPONSORED XVII QIP on

“NOVEL DRUG DELIVERY SYSTEMS”

(23rd to 27th February, 2015)

Passport
Size
Photo

Name (Block letters) _____
Designation _____
Teaching Experience (years) _____
College Address: _____

Residential Address : _____

Phone with STD Code : _____ Off. _____ Res. _____
Fax with STD Code : _____ Fax _____ Mobile _____
E-mail : (Compulsory) : _____

Accommodation required (Only for outside NCR Candidates): Yes/ No

Date :

Signature of the candidate

CERTIFICATE

This is to certify that our institution is an AICTE Approved institution offering D. Pharm / B. Pharm / M. Pharm Course. The faculty Dr./ Mr./ Ms. is recommended for QIP programme is a regular faculty.

Date : _____

Signature of the HOD /
Institute Office Seal

Place: _____

Last date for receipt of registration form is 18th February 2015