



**RBVRR Women's College of Pharmacy, Barkatpura,
Hyderabad**

Contact: For Registration: 9441517420, 9298806033:

Technical sessions: 9985697677, 9618445012

Send abstracts to: **Rbvrrwcp18@gmail.com**

040-27563065, 9848930555,

www.rbvrrwcp.org

2nd Indo-Malaysian Conference



REGISTRATION FORM

Name: _____

Registration: - Oral [] Poster []

DOB: __ / __ / __ Gender: _____

Edu. Qualification: _____

Designation: _____

Name of Institution: _____

Contact No: _____

Mail ID: _____

Mode of Payment: 1) Payment at college

2) D.D*

*Bank Name & Branch _____

DD No: _____

Date: __ / __ / __. Amount: _____.

**I hereby declare that I'll abide by the rules and regulations of the
Conference**

Signature of Applicant

Date