



Society for Research Development in Health Science (SRDHS)

Sponsored

2nd International Conference In Collaboration with
Dadasaheb Balpande College of Pharmacy,
Nagpur

14th and 15th February 2020



Registration Form: (PLEASE FILL IN CAPITAL LETTERS)

Name: Dr./Mr./Miss/Mrs.

Age: _____ years

Male :

Female :

Designation: _____ Qualification: _____

Name of the Institution: _____

Address: _____

Mobile no: _____ Email id: _____

Alternate Mobile No: _____

Payment details: (DD/NEFT/RTGS No.) _____

Name of the account holder: _____

Amount Rs. _____

Date:

Place:

Signature of the candidate

Payment Details:

Account Name	PRIME EDITORS		
Name of the Bank	HDFC		
Name of the Branch	CIDCO, Aurangabad, Maharashtra , India		
Account No.	50200040612619		
IFSC Code	HDFC0002843		
Type of Account	Current Account		

Note: Fill all the details and send the registration form (Scanned copy/photo) to the email id of members of registration committee. **Email id:** conferencerdhs@gmail.com

Registration

Accommodation

Dr. Shilpa Pise
Mob No: 7709956456

Mr. K. R. Danao
Mob No:9860282483

****Venue****

Hotel RE-GEN-TA, CENTRAL Nagpur.