

# WORKSHOP ON PHARMACOVIGILANCE - PRACTICE AND PROSPECTS



## INDEX MEDICAL COLLEGE, INDORE

NH 59-A , Nemawar Road, Indore- 452016, India, Ph:- +91 0731-4013604, Fax:- 0731-4013653

### Registration Form

NAME	
AGE	
PRESENT STATUS	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
PROFESSION	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Allied Health
	<input type="checkbox"/> Dental <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Other
QUALIFICATIONS	<input type="checkbox"/> MBBS / BDS / AYUSH <input type="checkbox"/> MD / MS / MDS <input type="checkbox"/> B.Sc / M.Sc <input type="checkbox"/> PhD <input type="checkbox"/> B.Pharm / M.Pharm <input type="checkbox"/> Other
ADDRESS	
PHONE NUMBER	Mobile
E-MAIL ADDRESS	
ACCOMODATION	Required from _____ to _____ <input type="checkbox"/> Not required <input type="checkbox"/> Hotel accomodation : 1000/- day <input type="checkbox"/> Hostel accomodation : 1000/- for 3 days (including dinner)
REGISTRATION CHARGES	1500/- for Medical/Dental/Nursing graduates/ Post graduates & Faculty 3000/- for Pharmaceutical sponsored Deligates/Clinical Research Professionals
DETAILS OF PAYMENT (PLEASE TICK)	Amount _____ Paid by:- <input type="checkbox"/> Multi City (At Par) Cheque <input type="checkbox"/> Demand Draft: (Please give the following details) Drawn in favor of: Index Medical College (SAF) Payable at: INDORE DD/Cheque Number: _____ Dated: _____ Drawn on Bank: _____

Signature & stamp of head of the institute

Signature of candidate

Please mail the duly completed registration form at the registered office:

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Index Medical College: 104, Trishul Apartment, 5, Sanghi Colony, A. B. Road, Indore-452001