

# NIRMAQUEST '19

Institute of Pharmacy, Nirma University

14<sup>th</sup> February, 2019

## Registration Form

Quiz – A

Quiz – B

*(Tick whichever is applicable)*

Registration Form must be filled in Capital Letters Only

### DETAILS OF PARTICIPANTS

No.	Name of Participant	B.Pharm./M.Pharm (Pharmacy)	UG/PG (Other Discipline)
1			
2			

### DETAILS OF INSTITUTE

Name of Institute/Organization			
Full Address of Institute/Organization			
Contact No.	(1)	(2)	
Email Address	(1)	(2)	

### DETAILS OF REGISTRATION FEE (Rs.150 per Participant per Quiz)

Amount (Rs.)			
Amount in words			

(Pharmacy students can also participate in Quiz B along with either Quiz A)

### Receipt

Received with thanks Rs. \_\_\_\_\_ from \_\_\_\_\_ for participation in Quiz \_\_\_\_\_ in the event "NIRMAQUEST-19" organized by Institute of Pharmacy, Nirma University, Ahmedabad.

Date:

Name & Signature of Student Coordinator

(The final receipt will be given on the day of the event to the participants)