

REGISTRATION FORM

To
The Chairman,
BCRCPiCON-2019
Durgapur-713206

Organized by:

Dr. B.C. Roy Engineering College and Allied Health Sciences, Durgapur

Two days International Conference On
**“Key Concerns and Considerations in Pharmaceutical Sciences and Technology: South-East Asian
Perspective” 4th and 5th February, 2019**

I am interested in attending the conference in your organization.

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

Category: Student/ Research Scholar/ Faculty/ Industry Person:

Qualification with Designation:

Department:

Name and address of Institute/ Industry where employed:

Tel No.

Mobile No:

E-Mail:

Residential Address:

Registration fee Details: Rs.

By D.D. / Cash/ NEFT If D.D.

D.D. No.:

Dated

Drawn on:

In favour of **“Dr. B. C. Roy College of Pharmacy and AHS, Durgapur”** on any bank payable at Durgapur is enclosed with this application.

If NEFT, Please transfer the fee in the following details of the beneficiary:

Name of the beneficiary: **DR. B.C. ROY COLLEGE OF PHARMACY AND ALLIED HEALTH SCIENCES, DURGAPUR**

Bank Name: **AXIS BANK LTD**

IFSC Code of the bank: **UTIB0000213**

A/C No. of the beneficiary: **213010100114950**

****While doing NEFT, Please mention the following for tracking the payee:**

1. A/C No. of the payee’s A/C

2. Name of the payee’s A/C

3. Transaction ID (or UTR No.) generated after doing the NEFT transaction

* Accommodation may be arranged on special request with additional charges.

Date:

Place:

Signature of Applicant

Signature of HOD/
Principal with Seal