

REGISTRATION FORM FOR 2nd CHEMTASTIC 2017

- NAME OF PARTICIPANT: _____
- COLLEGE NAME: _____
- PRESENT COURSE/ CLASS: _____
- CONTACT DETAILS: PHONE : _____
EMAIL: _____
- ACTIVITY/ ACTIVITIES YOU ARE INTERESTED IN:
1. _____ 2. _____
3. _____ 4. _____
- PAYMENT OPTIONS (DD/ Cash/ Cheque)

[PLEASE TICK MARK YOUR OPTION AND INCLUDE THE DETAILS OF PAYMENT BELOW]

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- DD/Cheque payable in the name of “The principal, VES College of Pharmacy”.
 - Cash can be paid in office of VESCOP along with registration form in person.
 - Cheque and DD can be sent by post/ courier to the college office along with registration form.
 - Multiple copies of form can be used.
 - Please attach the scan copy of duly filled form above and email it at chemtastic2017@gmail.com
Before the last date of participation
 - College address is “VES COLLEGE OF PHARMACY, HASHU ADVANI MEMORIAL COMPLEX, COLLECTOR COLONY, CHEMBUR (E), MUMBAI.”

I HERE BY CONFORM THE PARTICIPATION OF ABOVE STUDENT IN 2nd CHEMTASTIC 2017 EVENTS ORGANISED BY VES COLLEGE OF PHARMACY.

SIGN OF GUIDING TEACHER/ HOD/ PRINCIPAL OF PARTICIPANT INSTITUTE:
