

REGISTRATION FORM

1. Name:.....
 2. Age:
 3. Qualification:.....
 4. Designation:.....
 5. Name of Institution:.....
 -
 6. Department:.....
 7. Address for correspondence:.....
 -
 8. Contact Number:.....
 9. Email:.....
 10. Experience (in years):
- Teaching:.....
- Research:.....

The information provided herewith is true to the best of my knowledge. I agree to abide by the rules and regulations governing by the Faculty Development Programme.

Date: _____ Signature of Applicant _____



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Mrs. Santosh Sharma, Chancellor, MVNU
Dr. J.V. Desai, Vice Chancellor, MVNU

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Mr. Nirankar (Senior Territory Manager)

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Mr. Atul Sharma (Pharm. Chemistry)

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Mr. Satbir Singh (DRA)



Faculty Development Program

on
APPLICATIONS OF ANALYTICAL
TECHNIQUES IN PHARMACEUTICAL
RESEARCH (AATPR-2018)

27th April, 2018

Organized by
**SCHOOL OF PHARMACEUTICAL
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