

# INDIAN PHARMACY GRADUATES' ASSOCIATION (IPGA)

## APPLICATION FORM

(Submit duly filled scanned copy at: vijay0434@gmail.com; pawankr52@gmail.com;)

### PROMISING COMMUNITY PHARMACIST AS FRONTLINE HEALTHCARE WARRIOR

Note: {Executive Council Members of IPGA/ IPGA Women Forum /IPGA Student Forum are barred from taking part in this event for the purpose of being selected as Promising Community Pharmacist.}

<b>Name:</b>	
<b>Designation:</b>	
<b>Name of the Community Pharmacy:</b>	M/s
<b>Address of Workplace:</b>	<b>State:</b> _____ <b>Pin code:</b> _____
<b>Education Qualifications: (Please Tick Highest qualification)</b>	<b>Examination Passed: D. Pharm. / B Pharm. / Pharm. D. / M Pharm. / Ph. D./Other :</b>
<b>Total Professional Experience: (In Years)</b>	
<b>No.: of Conferences/ Seminar/ Workshop/ Refresher Courses attended:</b>	
<b>No.: Publication(s), if any:</b>	
<b>Registration Details:</b>	<b>Registration Number:</b> <b>State Council:</b> <b>Valid Up to:</b>
<b>Mobile Number (s):</b>	
<b>Valid E. Mail ID:</b>	
<b>Date of Birth: (DD/MM/YYYY)</b>	
<b>Marital Status:</b>	
<b>Residential Address:</b>	<b>State:</b> _____ <b>Pin code:</b> _____
<b>Recommended by: (Name &amp; Signature)</b>	<b>Forwarded by: (Name &amp; Signature)</b>
(1)	(1)
(2)	(2)
<b>(IPGA Office bearer from the State and Officer from Drug Control Department of the area)</b>	

