



## PATENT AWARENESS WORKSHOP 23<sup>rd</sup> JULY, 2014

### Registration Form

Name \_\_\_\_\_ (in block letters)

Father's Name \_\_\_\_\_

Designation \_\_\_\_\_

Qualification \_\_\_\_\_

Teaching Experience \_\_\_\_\_

Name of the Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

Email ID \_\_\_\_\_

Requirement for Residential Accommodation: Yes  No

Signature of Applicant:  
Date & Place:

Name and Signature  
(Head of the Institute with Seal)

The Registration form(s) duly filled in should reach to the PAW desk by 21st July 2014 at the following Address:

**Dr. Sushma Gupta (Organizing Seceratory)**  
E-mail: principal.svcvp1@gmail.com, 085560-01839

**Organized By:**  
**Swami Vivekanand College of Pharmacy, Banur (Punjab)**  
**In Association With:**  
**Patent Information Centre,**  
**Punjab State Council for Science & Technology, Chandigarh**