



**National Seminar on
Techno-managerial skills for Pharmaceutical Industry
(NSTMS-2016)
4th January, 2016**

Accommodation Form

Salutation: Mr. /Mrs. /Ms. _____

Name: _____

First Name

Middle Name

Last Name

Date of Birth: _____ (DD/MM/YYYY) Qualification: _____

Class: B.Pharm III/ B.Pharm IV year

Institute: _____

Address: _____

City: _____ State: _____ Pin/ Zip Code: _____

Telephone/ Mobile _____ Fax: _____

E mail ID: _____

Date of Arrival _____ Time of Arrival _____

Date of Departure _____ Time of Departure _____

Payment Details D.D./ Cheque No.: _____ Date: _____

Amount: _____ Drawn on Bank: _____

Signature of Delegate:

Date:

Note: Limited economical accommodation is available **for delegates** in rooms (Rs.700 per day on 4th January) on sharing basis (First come First serve basis).

For details please contact Dr. Pravin Shende-07045656163.

Email: pravin.shende@nmims.edu