## PARTICIPATION FORM

(To be filled by University / College, Please refer to guidelines)



## **COMPETITION 2023-2024**

Name of the College / University	
Postal Address	
Phone	
Email ( for correspondence)	
Name of Director (Pharmacy Dept.) / Principal	
Phone / Mobile number	
Request to participate in	<ul> <li>□ M. Pharm Thesis Competition</li> <li>□ Ph. D. Thesis Competition</li> <li>□ Both (M. Pharm &amp; Ph. D.) Competition</li> </ul>
For participating in M. Pharm Thesis C	Competition - to be filled by College / University
Name & Designation of Contact person	
Mobile number	
Approval and affiliation Status (please attach a copy)	
For participating in <b>Ph. D. Thesis</b> Competition - to be filled by College / University	
Name & Designation of Contact person	
Mobile number	
Is your college affiliated to any University? If yes, please attach a copy.	
Is your University approved by UGC? If yes, please attach a copy.	

*P.T.O.* 

Organized by

Rajnibhai V. Patel **Trust** 



Co-ordination Troikaa Pharmaceuticals Ltd. LM College of Pharmacy

Enclosed:
We attach herewith following documents to affirm our eligibility as per the eligibility criteria given in the guidelines –
1.
2.
3.
4
Declaration:
We are pleased to confirm our participation in the Rajnibhai V. Patel <i>PharmInnova Award</i> for best thesis in Pharmaceutical Sciences for the year 2023-24. We have read the T&C, modalities of the award proceedings and assure you to abide by the rules set by the organizers. The judgment made by the evaluating committee for the winner of <i>PharmInnova Award</i> will be binding on us.
Date:
Place:
Stamp & Sign of Director / Principal
Last date for submission of participation form along with abstract & full thesis on or before 31st

Enclosure: As above

December 2023.