

# PARTICIPATION FORM

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

Rajnibhai V. Patel

**PharmInnova**  
Award

Best Thesis in  
Pharmaceutical Sciences

COMPETITION 2017 - 2018

Name of the College / University	
Postal Address	
Phone	
Email ( for correspondence)	
Name of Director (Pharmacy Dept.) / Principal	
Phone / Cell number	
Request to participate in	<input type="checkbox"/> M. Pharm Thesis Competition <input type="checkbox"/> Ph. D. Thesis Competition <input type="checkbox"/> Both (M. Pharm & Ph. D.) Competition

For participating in **M. Pharm Thesis** Competition - to be filled by College / University

Name & Designation of Contact person	
Cell number	
Approval Status (please attach a copy)	

For participating in **Ph. D. Thesis** Competition - to be filled by University

Name & Designation of Contact person	
Cell number	
Is your University approved by UGC? If yes, please attach a copy.	

For participating in **Ph. D. Thesis** Competition - to be filled by College

Name & Designation of Contact person	
Cell number	
Is your college affiliated to any University? If yes, please attach a copy.	
Is above University approved by UGC ? If yes, please attach a copy.	

P.T.O.

Organized by

**Rajnibhai V. Patel**  
Trust

Under the patronage of



DEPARTMENT OF  
SCIENCE AND TECHNOLOGY

Sponsor



Troika Pharmaceuticals Ltd.

Co-ordination



L M 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 Rajinibhai V. Patel ***PharmInnova Award*** for Best Thesis in Pharmaceutical Sciences for the year 2017-18. We have read the modalities of the Award proceedings and assure you to abide by the rules set by the organisers. The judgment made by the evaluating committee for the Winner of ***PharmaInnova Award*** will be binding on us.

**Last date for submission of participation form is on or before 31<sup>th</sup> August 2017.**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Stamp & Sign of Director / Principal**

Enclosure: as above