# MALIBA PHARMACY COLLEGE

**UKA TARSADIA UNIVERSITY,**
**Maliba Campus, Tarsadi, Bardoli-Mahuva Road, Dist: Surat, Gujarat – 394350.**
**http://www.maliba.edu.in**
E-mail: **festivedepharmamaliba@gmail.com**

# *festive de pharma*

## Registration Form

**Important:**

1. ONE STUDENT CAN PARTICIPATE IN TWO EVENTS ONLY.
2. Institute can nominate unlimited entries in any event unless certified.
3. Certificates will be issued with names as typed in this form.
4. Additional rows can be added if required.
5. In case of group events mark team as individual sr.no but consider the team members as separate entities

| Sr. No | Events | Name of Participants [Group of 2 or 5 or individual] | Contact No. | Email id |
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| Total Number of Participating Students (N) | Registration Fees Per Student Participant | Total Registration Fees Payable (Rs. 100*N) |
|---|---|---|
| | Rs. 100/- | |

Prepare at Par Cheque in favor **"Maliba pharmacy college"** Payable at Bardoli.

**Cheque No: _____Dated:_____Amount Rs._____**

**Name of Participating Institute (AS DESIRED ON CERTIFICATE, PLEASE):_____**

**_____**

**Address of Institute: _____**

**City: _____ Institute Phone Number: _____**

**Name of Faculty Coordinator: _____**

**Mobile Number of Faculty Coordinator: _____**

**E-Mail Address of Faculty Coordinator: _____**

**COMPLETELEY FILLED SCANNED COPY REGISTRATION FORM TO BE E-MAILED TO**

**festivedepharmamaliba@gmail.com**

| Please send Registration Fees At Par Cheque and HARD COPY Form At: | Event Coordinators: |
|---|---|
| To,<br>Maliba Pharmacy College, Uka Tarsadia University, Gopal Vidyanagar, Bardoli-Mahuva Road, Dist: Surat, TARSADI-394350, Gujarat. | Kathan Gandhi (+91-9408649917)<br>Dhruvil Jariwala (+91-8347731410)<br>Akshat Jain (+91-9033313288)<br>Abhishek Gandhi (+91-9510466441)<br>Aneri Joshi Mitva Desai |

**AUTHORISED SIGNATORY NAME SIGNATURE DATE SEAL OF INSTITUTE**