

## REGISTRATION FORM

Name of the Candidate: .....

Qualification: .....

Designation: .....

Name of the Organization: .....

Title of the Paper .....

Mobile No: .....

E-mail Id: .....

Mode of Payment: DD/ Cash Rs..... DD No.....

Name of the Bank.....

Declaration: .....

I hereby declare that, I will abide by the rules and regulations of "15th INDO-  
AFRICAN CONFERENCE".

*Signature of Participant*

### ORGANISING MEMBERS

#### **Scientific Committee**

Dr. M. Radhakishan  
Dr. K. Durga Prasad  
Dr. K. Rajitha  
Dr. B. Deepak Kumar  
Mr. P. Sreekanth

#### **Advertising Committee**

Dr. P. VivekSagar  
Dr. Kiran Kumar  
Mr. R. Shiva Kumar  
Mr. B. Sharath Babu

#### **Venue Committee**

Dr. T. Ravi Chander  
Dr. Ch. Vijitha  
Dr. G. Thirupathi  
Mrs. M. Swapna Reddy

#### **Hospitality Committee**

Dr. Ch. Mahesh  
Mr. A. Ramesh  
Mr. K. Ratnakar Reddy  
Mr. A. Naga Raju

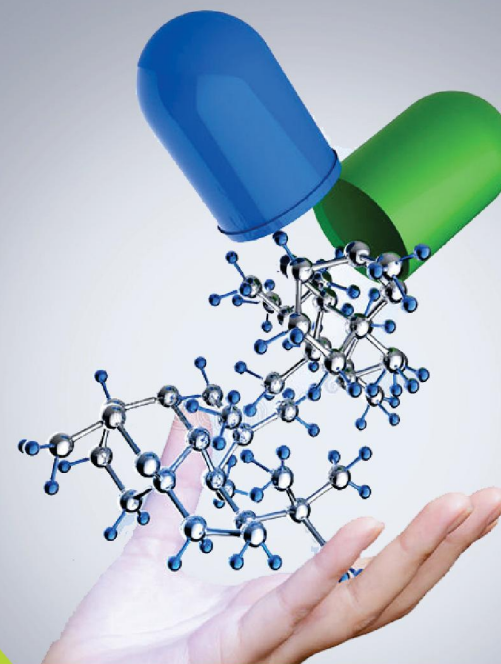
#### **Registration Committee**

Mrs. Padmaja  
Dr. Jyothirmai

#### **Transport & Accommodation Committee**

Mr. S. Kumaraswamy  
Mr. G. Praneeth

For queries: 9291565755, 9949916002, 9133393045,  
9885584163, 9000499170. (Transport Committee: 9848066830, 8919840288)



## 15<sup>th</sup> INDO-AFRICAN CONFERENCE



### VAAGDEVI PHARMACY COLLEGES

Bollikunta, Warangal - Telangana

&



### ASSOCIATION OF PHARMACY PROFESSIONALS

IN COLLABORATION WITH APP ETHIOPIAN INTERNATIONAL BRANCH



### THEME

"GLOBAL TRENDS & INNOVATIONS IN  
TRANSLATIONAL RESEARCH AND HERBAL TECHNOLOGY"

19th September 2018