



Indian Pharmaceutical Association, Mumbai
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**National Pharmacy Week Celebrations
2008-09**

**Reporting Format (Br-RF-1)
(For Local/State IPA Branches)**

Consent Form to take part in NPW Activities & Awards

Last Date for Submission : 5th November, 2008

| NATIONAL PHARMACY WEEK 2008 | |
|---|-------------------|
| Name of the Local/State Branch : | |
| Detail Postal Address : | |
| Tel.No.: | Email: |
| State: | |
| Person in-charge of NPW activities: | |
| Name: | |
| Email: | Mobile No. |
| <u>Consent:</u> We, _____ (IPA Branch) will be participating in the NPW celebrations being planned by IPA HQ and take part in the contest/competition. | |
| Tentative week selected (Sunday to Sunday): | |

Activities planned for the week:

- a)
- b)
- c)
- d)
- e)
- f)
- g)

Tentative Activities Planned for the Year (Nov 1st, 2008 to Oct 30th, 2009:

- a)
- b)
- C)
- d)
- e)
- f)
- g)
- h)
- i)
- j)
- k)
- l)

Plans for Collaboration with (State/Local Branch of IPA, Pharmacy college/s, Chemists & Druggists Asso) : - (State all tentatively planned) :

1) We agree to give due credit to IPA in all the publicity/ activity material/ activities for NPW.

2) We agree to abide by the rules of the competition/ contest.

Name of Local/State Branch

Sign
(President/Secretary)

Date of submission :