



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

**Reporting Format (PC-RF-1)**  
(For Pharmacy Colleges)

Consent Form to take part in NPW Activities & Awards

Last Date for Submission : 5<sup>th</sup> November, 2008

<b>NATIONAL PHARMACY WEEK 2008</b>	
<b>Name of the Pharmacy College/ institution :</b>	
<b>Detail Postal Address :</b>	
<b>Tel.No.:</b>	<b>Email:</b>
<b>State:</b>	
<b>Person in-charge of NPW activities:</b>	
<b>Name:</b>	
<b>Email:</b>	<b>Mobile No.</b>
Consent:  We, _____ (College of Pharmacy) are willing to participate in the NPW celebrations conducted by IPA 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 1<sup>st</sup>, 2008 to Oct 30<sup>th</sup>, 2009:

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

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.

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Name of Institute

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Sign

Head of Institute

Rubber Stamp of Institute

Date of submission: