

IPS-05

Application For Delegates Submitting Papers for Awards

[Tick (✓) in the box if applicable and enclose with the paper]

Please read the instructions from www.indinapharmacology.org (announcements)

before submitting the paper for Awards session

Name of Award	
Title of the Paper –	
Authors	
Name of the presenting Author:	
Age	<input type="checkbox"/>
Work experience	<input type="checkbox"/>
IPS Membership Number	<input type="checkbox"/>
Authorship of presenting Author	First author <input type="checkbox"/>
Original work in Pharmacology / allied subjects	Yes <input type="checkbox"/> No <input type="checkbox"/>
Paper already published	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification from Head of the Institute / dept.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Received this award earlier	Yes <input type="checkbox"/> No <input type="checkbox"/>
Four copies of full paper with abstract	Yes <input type="checkbox"/> No <input type="checkbox"/>

The information provided above is true.

Name:

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Date:

(Signature of delegate)