



# Swami Keshvanand Institute of Pharmacy

## Workshop

### Registration-Form

(Please fill in block letters)

Name of College:.....

Name of Student:.....

Class:.....

Gender:

M

F

E-Mail Id:.....

Contact No:.....

Photograph

Signature

For any queries please contact to Mr. Vivek Kumar Singhal: 8824444607

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**Address:** Ramnagar, Jagatpura, Jaipur-302017 **Phone:** 0141-5160495, 5160400 (Ext.695)  
Website: [www.skipjpr.org](http://www.skipjpr.org); Email: skipjaipur@gmail.com