

Regn. # : SRMC/
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"Educating Pharmacist"



AZIMUTH

Pharmacist Learning Management System

Elearning Course - Therapeutics for Pharm.D

Registration Form

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* Program Code

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* First Name

* Last Name

* DOB

* Address

College / Institution

Residence

* City

* Postal Code

* State

* City

* Postal Code

* State

* Phone

College / Institution

Residence

* E-mail

* Mobile

* Qualification

STUDENT

GRADUATE

POST-GRADUATE

Previous experience (If any)

Which Country do you intend to practice pharmacy in?

Have you ever appeared for the International Pharmacist Licensure Examinations? Yes No

If YES please provide the details

How did you hear about us?

* Payments to be made in favour of

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Website : www.edurx.co.in

Fees can be paid by Cash / DD / Cheque / Online Transfer

Signature of the Program Representative

Student's Signature