

## AWARDS FOR PHARMACY EXCELLENCE 2017 Nomination Form

1. Name and contact information of person making this nomination

Name	
Company/Firm/Institution etc.....	
Address with pin code	
City/Town	
District	
Mobile no.	
Email ID	
Phone number with country code	

2. Name and contact information of the person being nominated

Name	
KSPC Reg. no. with date of registration	
Designation & Experience	
Name of Office/Firm/Institution	
Permanent address with pin code	
City/Town/District	
Mobile no.	
Email ID	

Note:- Letters of reference should be attached with each nominations (500 words or less) illustrating the nominees qualification and accomplishments.

Place .....

Signature of the person being nominated

Date .....

Signature of the person making nomination

