

**Proforma for attending the National Workshop-cum-Training for Post Graduate Students**  
**Department of Veterinary Pharmacology & Toxicology, COVS, LUVAS, Hisar**  
**National Workshop-cum-Training**  
**on**

**“Pharmacological techniques for evaluation of CNS active drugs”**  
**(Date of National Workshop-cum-Training: 1 -3 February, 2024)**

1. Name :
2. Post Graduate Programme presently pursuing :
3. Name of the Department :
4. Name of the College/Institute/University :
5. Date of Birth :
6. Address for communication:

Tel.:

E-mail:

7. Educational Qualifications (Graduation onwards)

| S. No. | Name of the Degree    | Subjects | Year of passing/pursuing | College/University | OGPA/Percentage |
|--------|-----------------------|----------|--------------------------|--------------------|-----------------|
| 1.     | Under Graduate: _____ |          |                          |                    |                 |
| 2.     | Post Graduate: _____  |          |                          |                    |                 |
| 3.     | Ph.D.: _____          |          |                          |                    |                 |

8. Work Experience (if any)

| Position Held | Institution & Nature of Duties | Dates (From-To) |
|---------------|--------------------------------|-----------------|
|               |                                |                 |
|               |                                |                 |
|               |                                |                 |

Signature of participant

**CERTIFICATE**  
**(from HOD/Chairperson)**

Mr./Ms./Sh./Dr. \_\_\_\_\_, who is the Post Graduate student of the \_\_\_\_\_ (Name of the Department along with University/Institute) is hereby allowed for participation in National Workshop-cum-Training on “Pharmacological techniques for evaluation of CNS active drugs” to be organized by the Department of Veterinary Pharmacology & Toxicology, LUVAS, Hisar from 1 -3 February, 2024.

Signature and Seal of the Head /Chairperson

**Note:**

1. Scanned copy of duly filled proforma to be sent to the email ID: **nwctvptx@gmail.com** in advance upto dated **25.01.2024 (upto 4.30 P.M.)** and no requests will be entertained after that.
2. Final list of only ten selected participants (Post graduate students) **whose forms will be received first** will be intimated by **27.01.2024** through emails along with final training schedule.
3. Selected participants have to submit/deposit their original duly filled proforma along with registration fee **(in cash)** at the time of registration on dated **01.02.2024**.
4. Incomplete proforma in any respect will be rejected.
5. Participants have to bring their own laboratory coat/apron in the practical.
6. Other terms and conditions will be same as that mentioned in the Invitation brochure.
7. For any queries you may contact on: - **01662- 256120 (Off.)**, **+91-8708616982 (Mob.)**, **+91-9253089458 (Mob.)**