



**52<sup>nd</sup> Annual International Conference of Indian Pharmacological Society  
(52<sup>nd</sup> IPSCON-2023), India**

**Venue:** JSS College of Pharmacy, Mysuru, JSS Academy of Higher Education & Research, Mysuru-  
570015. Karnataka India  
**22<sup>nd</sup> – 25<sup>th</sup> February – 2023**

**Theme - Future Challenges of Pharmacology for Health and Well Being**

**REGISTRATION FORM**

(Photograph)

**I – Personal Information**

Full Name: Dr./Prof./Mr./ Mrs./Ms. ....

Age.....yrs. Sex: Male..... Female ..... Nationality .....

Designation..... Department.....

Institution/Organization.....

Postal Address: .....

Email Id .....

Mobile .....

**Section II - Category of Delegate (Please tick as appropriate)**

IPS member (Faculty/Student/Industry delegate\*)  Non-member  \*\*Student  Foreign Delegate  Industry

(\* IPS Registration Number and certificate can be attached, \*\*Bonafide certificate from HOD/ Institution to be enclosed)

Paper Oral/Poster presentation (if Yes, Specify): .....

Pre-conference workshop \*Yes  No  Specify Pre-Conference Workshop: .....

Number of associate delegates .....

**Section III - (Payment Detail):** Payment must be made in favour of **“Indian Pharmacological Society (IPSCON 2023),**

**Bank Details for Registration fee payment**

NAME OF ACCOUNT " 52nd IPSCON"  
BANK ACCOUNT NUMBER 41377814303  
BANK NAME State Bank of India  
BRANCH NAME & CODE Shivarathreeshwara Nagara Branch  
040547  
TYPE OF BANK ACCOUNT Current Account  
IFSC CODE SBIN0040547  
MICR CODE 570002051  
SWIFT CODE SBININBBM08  
EMAIL ID [ipscon2023@jssuni.edu.in](mailto:ipscon2023@jssuni.edu.in)

*NOTE: ONLY Draft and NEFT/RTGS ALLOWED. (In case of NEFT/RTGS please save the transaction ID and date and fill it online and send to us.*

<b><u>Draft Details</u></b> <b>DD. No.:</b> ..... <b>Date:</b> ..... <b>Bank Drawn.:</b> ..... <b>Amt.:</b> .....
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<b><u>NEFT/RTGS Details</u></b> <b>Transaction No.:</b> ..... <b>Date:</b> ..... <b>Amt.:</b> .....
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**Section IV-** I hereby certify that the information contained in this application is true and correct.

*Date & Place*

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*Applicant's Signature*

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**Filled forms can be mailed at:** [registration.ipscon2023@jssuni.edu.in](mailto:registration.ipscon2023@jssuni.edu.in)

**Hard copy may be sent to:**

Registration Committee  
IPSCON 2023  
JSS College of Pharmacy,  
JSS AHER,  
Sri Shivarathreeshwara Nagara  
Mysuru-570105 Karnataka