TELANGANA REGISTERED PHARMACISTS ASSOCIATION [TRPhA]
Regd No: 1129 of 2014
presidenttrpha@gmail.com +91-7989771053
Associate Partners
Asian Society for Biomedical and Pharmaceutical Technology www.asbmapt.org

APPLICATION FORM FOR NOMINATION TO

TRPA AWARDS 2026 – WORLD PHARMACISTS DAY

Photograph

AWARD CATEGORY'S APPLIED FOR √

- **BEST PHARMACIST**
- **BEST RESEARCHER**
- **BEST PRINCIPAL AWARD**
- **BEST TEACHER AWARD**
- **BEST PHARMACY PROFESSIONAL**
- **EXCELLENCE IN PHARMACY SERVICE AWARD**

TELANGANA STATE PHARMACIST REGD.NO:……

TRPhA LIFE MEMBERSHIP NO:……..

PERSONAL INFORMATION:

- Salutation: Prof./Dr./Ms./Mrs./Mr.
- Name of the person: ……....
- Date of Birth: (DD/MM/YYYY)……
- Nationality: Indian/ ……Gender ……
- State: …….. District: ……
- Detailed Address: ……..

……..…Pin Code: ……

- Mobile Number: ……
- E-Mail Id: ……..…..
- Publications: ……..
- Major Achievements:……..

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Nomination Letter

A short statement from you describing the nominee's key discoveries and impact.

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TRPhA Life Membership Fee: 3000 Rs

Account Name: Editor JOPP

Current A/c No.: 143111010000021, IFSC Code: UBIN0814318

Bank: Union Bank of India Or

PhonePe ID: 7989771053-2@axl

DECLARATION

I am Prof./Dr. / Ms. / Mrs. / Mr. ……..... do hereby declare that, the information given above and in the enclosed data; is true to the best of my knowledge and belief, and nothing has been manipulated therein. I will be held liable as per rules and regulation of the Institute, if it is not found Correct. I have read, agreed, understood and accept the TRPhA Objective, Vison, Mission and Values, furnished at its website. I do assure to deliver my best.

Date: Signature:

Place: Name:

OFFICE USE ONLY

TELANGANA REGISTRED PHARMACISTS ASSOCIATION

Status:

Sign & Date