

PARTICIPATION FORM

(To be filled by University / College, Please refer to guidelines)

Rajnibhai V. Patel

PharmInnova
Award

Best Thesis in
Pharmaceutical Sciences

COMPETITION 2025-2026

Name of the College / University	
Postal Address	
Phone	
Email (for correspondence)	
Name of Director (Pharmacy Dept.) / Principal	
Phone / Mobile number	
Request to participate in	<input type="checkbox"/> M. Pharm Thesis Competition <input type="checkbox"/> Ph. D. Thesis Competition <input type="checkbox"/> Both (M. Pharm & Ph. D.) Competition

For participating in **M. Pharm Thesis** Competition - to be filled by College / University

Name & Designation of Contact person	
Mobile number	
Approval and affiliation Status (please attach a copy)	

For participating in **Ph. D. Thesis** Competition - to be filled by College / University

Name & Designation of Contact person	
Mobile number	
Is your college affiliated to any University? If yes, please attach a copy.	
Is your University approved by UGC? If yes, please attach a copy.	

P.T.O.

Organized by

Rajnibhai V. Patel
Trust

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L M College of Pharmacy

Enclosed:

We attach herewith following documents to affirm our eligibility as per the eligibility criteria given in the guidelines –

1. _____
2. _____
3. _____
4. _____

Declaration:

We are pleased to confirm our participation in the Rajnibhai V. Patel *PharmInnova Award* for best thesis in Pharmaceutical Sciences for the year 2025-26. We have read the T&C, modalities of the award proceedings and assure you to abide by the rules set by the organizers. The judgment made by the evaluating committee for the winner of *PharmInnova Award* will be binding on us.

Date: _____

Place: _____

Stamp & Sign of Director / Principal

Last date for submission of participation form along with abstract & full thesis on or before 28th February 2026.

Enclosure: As above