



IPA - NATIONAL ELOCUTION COMPETITION – 2024  
**Indian Pharmaceutical Association**  
**Education Division**

**Prof. G. Nagarjuna Reddy, Convener, NEC - 2024**

**C) Marking Parameters:** Each judge will award marks on a 10 point scale. The grading will be based on the following, on the order of priority:

- 1. Introduction of topic** - **1 mark**
  - a. Greeting
  - b. Opening remarks
- 2. Knowledge of topic** - **4 marks**
  - a. Portraying of topic
  - b. Uniqueness and novelty in subject
  - c. Relevance in the current world & Message to the audience
  - d. Interpretation: (Interesting, Varied, Appropriate)
- 3. Presentation of topic** - **3 marks**
  - a. Body Language (Natural, Meaningful & Appropriate gesture)
  - b. Voice quality & Delivery (Pleasant, clear, enunciation, Variety of pace)
  - c. Eye contact (With audience)
- 4. Conclusion** - **2 marks**
  - a. Effective summarizing with punch dialogue / slogan
  - b. Meeting the time limits.
- 5. Usage of any external objects/subjects for comparison or display to portray the topic is Strictly prohibited, fails to which, such candidate will be disqualified.**



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**Format - A**

(To be filled by the Institutions participating in Preliminary Round)

**To**

**Dr. G.Nagarjuna Reddy**  
Convener, NEC-2024,  
IPA-Education Division.  
E-mail: [convenernec@gmail.com](mailto:convenernec@gmail.com)

**Dear Sir,**

**Sub: IPA - NATIONAL ELOCUTION COMPETITION (NEC) – 2024-reg.**

We are happy to inform you that, our Institution interested to participate in **IPA - National Elocution Competition (NEC) – 2024** being organized by the **Education Division** of **Indian Pharmaceutical Association**. We read all the rules and regulations of the competition and strictly obey them.

Name of the Institution						Est. Year:
Head of the Institution Name						Mob:
Address for correspondence With Email id						
Affiliating University						
Courses offered & Admission Intake	D.Pharm	B. Pharm	Pharm.D	Pharm.D (PB)	M. Pharm	Ph.D.
Venue of the Competition						
Probable date of Competition						

Thanking You,  
Date:

Yours faithfully,

Signature and Seal  
(HEAD OF THE INSTITUTION)



**IPA - NATIONAL ELOCUTION COMPETITION – 2024**  
**Indian Pharmaceutical Association**  
**Education Division**

**Prof. G. Nagarjuna Reddy, Convener, NEC - 2024**

**Format – B**

To be filled by the Institution participating in Preliminary Round competition and send the hard copy by post and soft copy by email on the same day of the competition, to the respective State/zonal Coordinator of NEC-2024.

Name of the Institution					Date of competition			
Number of Participants	Final B.Pharm		M.Pharm		Pharm.D		Total	

**Details of the Jury:**

S.No.	Name	Institution	Designation
1			
2			
3			

**Details of the Winner:**

Name:	Course & Year of Studying:		
Phone:	Email id:		
College Address:			
IPA Membership No. & Associated branch Name		Copy enclosed	<b>YES / NO</b>

Date:

signature & Seal  
(Head of the Institution)

**Note: This form is valid and considered only with the head of the Institution's Seal & signature along with copy of IPA membership details of the winner.**

Dear Sir/Madam,

Please find here with enclosed details of IPA Membership.

**Membership Categories and fees**

Categories	Payment	Present Fee Structure
Patron	One Time	2,36,000
Life Member	One Time	7198
Associate Life Member	One Time	8378
Life Member (Senior Citizen)	One Time	3658
Annual Member	Per Annum	1180
Associate Annual Member	Per Annum	1298
Institutional Membership for colleges	Per Annum	25,000
Industry Membership	Per Annum	100,000
Student Life Member (Per Annum for 4 years)	Per Annum	1770
<b>Student Member (one year)</b>	<b>Per Annum</b>	<b>354</b>
Foreign Life Member	One Time	USD 300

Interested candidate can download the suitable application from website: [www.ipapharma.org](http://www.ipapharma.org)

If they are enabling to do the online, they can fill the membership form and **scan the form and send to IPA Office** ([ipacentre@ipapharma.org](mailto:ipacentre@ipapharma.org)) with the payment details of NEFT. The bank details of IPA are given below for NEFT.

Beneficiary Name	:	The Indian Pharmaceutical Association
Beneficiary Account No	:	0116101006700
Receiving Bank Name and Branch	:	Canara Bank, Kalina Mumbai-400029
IFSC Code	:	CNRB0000116
Swift Code	:	CNRBINBBBFN

**Duly filled Membership Application Form should be forwarded to:**

**To:**


**THE INDIAN PHARMACEUTICAL ASSOCIATION (IPA)  
Kalina, Santacruz (East);  
Mumbai - 400 098.**

All remittances to the Association should be preferably be made by either by NEFT / Demand Draft payable in Mumbai. **Money orders or cash will not be accepted.**

**DD should be drawn In favor of “Indian Pharmaceutical Association” payable at Mumbai.**

- The applicant should indicate the Branch to which he/she wants to belong.
- Membership number will be assigned based on the State/Local Branch opted by the applicant through which the application is submitted.
- In absence of such information, Membership number will be assigned based on the State under the mailing address.

**For your ready reference, I am hereby enclosing the Student membership application form.**

	<p style="text-align: center;"><b>THE INDIAN PHARMACEUTICAL ASSOCIATION (IPA)</b>  <b>Membership Application Form</b>  <b>For Student membership</b>  Kalina, Santacruz (East) Mumbai 400 098  Tel: 022 2667 1072 Fax: 022 2667 0744  Email: <a href="mailto:ipacentre@ipapharma.org">ipacentre@ipapharma.org</a>  Website: <a href="http://ipapharma.org">ipapharma.org</a></p>	<p style="text-align: center;">PHOTO</p>														
<p>To  Hon. Gen. Secretary,  The Indian Pharmaceutical Association  Sir,</p> <p>I hereby apply for the Student Life / Student membership of the Indian Pharmaceutical Association and undertake that on admission, I shall abide by the rules and regulations of the Association.</p> <p>Applicant</p>		<p>Date:</p> <p style="text-align: right;">Signature of the</p>														
<p>Full Name (In Capital letters)  Date of Birth (DD/MM/YYYY)  Blood Group</p>																
<p>Mailing address:</p>																
<p>Contact Details:</p>		<p>Phone Number :  Mobile Number:  Email ID:</p>														
<p>Type of Membership  Name and address of the Institution</p> <p>Contact details</p>		<p>Student Life / Student</p>														
<p>Endorsement from the Institute</p>	<p>Certified that Mr. /Ms _____  is a student of this institution and is studying in the _____ year of  Pharm D / B. Pharm / D Pharm Degree / Diploma</p> <p style="text-align: center;">Seal of Institute <span style="float: right;">Signature of the</span>  Principal</p>															
<p>Details of Remittance: By Cheque/DD  In favor of "Indian Pharmaceutical Association" payable at Mumbai  Add: Bank charges – For outstation cheques  Note: For Membership fees and IJPS subscription refer tables given below</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Admission Fee</td> <td style="width: 30%; text-align: right;">Rs.</td> </tr> <tr> <td>Membership Fees</td> <td style="text-align: right;">Rs.</td> </tr> <tr> <td>IJPS Subscription</td> <td style="text-align: right;">Rs.</td> </tr> <tr> <td>Bank Charges</td> <td style="text-align: right;">Rs.</td> </tr> <tr> <td>GST @ 18%</td> <td style="text-align: right;">Rs.</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;">Total</td> </tr> <tr> <td></td> <td style="text-align: right;">Rs.</td> </tr> </table> <p>Cheque /DD No &amp; Date:  Drawn on :</p>		Admission Fee	Rs.	Membership Fees	Rs.	IJPS Subscription	Rs.	Bank Charges	Rs.	GST @ 18%	Rs.	Total			Rs.
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Total																
	Rs.															
<p>For office use  Membership No  Date of Admission</p>		<p style="text-align: right;">Hon. Gen. Secretary</p>														