PHARMACEUTICALS EXPORT PROMOTION COUNCIL OF INDIA

7TH WORLD AYURVEDA CONGRESS —INTERNATIONAL BUYER SELLER MEET 1-2ND DECEMBER 2016

Registration Form

1. Name a	and address of the Com	ipany :			
. 5040	N	_			
	No. of the Company te Particulars	: <u> </u>			
SI.No.	Name	Designa	tion	Mobile No.	E-Mail Address
01.					
02.					
03.					
04.					
4. Option	of Business Session	:			
Business Session I 10.30 a.m. – 1.00 p.m. on 01.12. 2016			Business Session II 2.00 p.m. – 6.00 p.m. on 01.12. 2016		
Business Session III 10.00 – 1.00 p.m. on 02.12.2016			Business Session IV & Follow up Session 2.00 a.m. – 4.00 p.m. on 02.12. 2016		
basis. Counci	s may select any one of the abo il reserves the right of allotment stration charges.				

5. Payment Details:

DD / Cheque No. & Date	Name of the Bank	Amount

Note: Demand Draft / Cheque should be drawn in favour of **PHARMACEUTICALS EXPORT PROMOTION COUNCIL OF INDIA**, payable at **Hyderabad** or **Mumbai or Delhi**

Please return this form to:

Head Office	Regional Office – Mumbai	Regional Office – New Delhi
101, Aditya Trade Center, Ameerpet, Hyderabad – 500 038 Phone : 91-40-23735462 / 66 Fax : 91-40-23735464	T V Industrial Estate, Unit No. 211, 2 nd Floor. 248-A SK. Ahire Road, Worli, Mumbai - 400 030 Phone: 91-22-24938750 / 51 Fax: 91-22-24938822	305, Padma Tower II, 22, Rajendra Place, New Delhi – 110 008 Phone : 91-11-41536654 / 58 Fax : 91-11-41536658

PS: Please enclose brief profile of the company giving top 10 products (Last Date for Registration: 10th Nov.2016)