

**REGISTRATION FOR IPHEX-LATAM IN PERU AND BUSINESS DELGATION TO
COLOMBIA, PANAMA AND MEXICO**

Name				
Designation:				
Name of Company				
Office Address				
City				
Mobile Number:		Tel:		
E-mail:				
Company Information (All Fields are Mandatory)				
RCMC Number				
Year of Establishment				
FOB value of the Export	2013-14	2014-15	2015-16	
Exports to LAC Region (mention the last three year figures). In case of no exports, you may write Nil				
2013-14	2014-15	2015-16	Product categories	
Exports to Peru, Colombia, Panama and Mexico	2013-14	2014-15	2015-16	Product Categories
Peru				
Colombia				
Panama				
Mexico				

Product/Therapeutic Areas of Interest for doing business with invited companies during EXPO-cum-BSM in Peru and BSM in other countries (please tick mark). Can tick more than one			
APIs		FINISHED FORMULATION	
INTERMEDIATES		HERBALS/TRADITIONAL MEDICINES	
EXCIPIENTS		NUTRACEUTICALS	

If APIs :

Anti-Infective/ Anti-Biotics		Cardiac	
Gastro Intestinal		Vitamins/ Minerals/ Nutrients	
Respiratory		Pain / Analgesics	
Anti-Diabetic		Neuro / CNS	
Derma		Anti-Neoplastics/ Oncology	
Gynaecological		Blood Related	
Ophthalmic/ Ontological		Urology	
Hormones		Anti Malarials	

Vaccines		Sex Stimulants/ Rejuvenators	
Anti-Neoplastics/ Oncology		Stomatologicals	
Anti-Tuberculosis		HIV	

If Formulations:

Anti-Infective/ Anti-Biotics		Cardiac	
Gastro Intestinal		Vitamins/ Minerals/ Nutrients	
Respiratory		Pain / Analgesics	
Anti-Diabetic		Neuro / CNS	
Derma		Anti-Neoplastics/ Oncology	
Gynaecological		Blood Related	
Ophthalmic/ Ontological		Urology	
Hormones		Anti Malarials	
Vaccines		Sex Stimulants/ Rejuvenators	
Anti-Neoplastics/ Oncology		Stomatologicals	
Anti-Tuberculosis		HIV	

Participation Details: Please tick mark your choice.

Options	Details	Participation Fee	Yes	No
1.	Only Expo-cum –BSM in Peru	Rs.200000/-		
2.	Expo-cum –BSM in Peru and the BSM to Panama, Colombia and Mexico	Rs 225000		
3.	Only BSM in Panama, Colombia and Mexico	Rs.75000/-		

Note: Participation in three countries is mandatory for availing MDA benefits, (it may include PERU)

Passport Details: Please provide the mandatory information of the participant:

Name as in Passport	
Passport No:	
Date of Issue:	
Date of Expiry	
Place of Issue:	
Date of Birth:	

To confirm your participation kindly fill in the form and send the same to rodelhi@pharmexcil.com on or before 1st July 2016. The participation fee must be sent on or before 1st July 2016 at Hyderabad office with a copy/details of the same to rodelhi@pharmexcil.com

Please adhere to the time line in view of enabling us to make all necessary arrangement, facilitate visa process and focus more on participation mobilisation for business visitors in destination countries.