



PHARMACEUTICALS EXPORT PROMOTION COUNCIL OF INDIA
INTERNATIONAL BUYER SELLER MEET AT INDIAN PHARMA EXPO
7-8TH JAN 2016

Registration Form

1. Name and address of the Company : _____

2. RCMC No. of the Company : _____

3. Delegate Particulars :

Sl.No.	Name	Designation	Mobile No.	E-Mail Address
01.				
02.				
03.				
04.				

Note: Members may select any one of the above three Sessions. Allotment of sessions will be made on first-come-first-serve basis. Council reserves the right of allotment of sessions. Members can participate in more than one session also by paying additional registration charges.

4. **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: 4TH JAN 2016)**