



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.

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: 5TH JAN 2016)