

REGISTRATION FORM

To,
The Secretary General
Indian Drug Manufacturers' Association
102/B, A Wing, Poonam Chambers,
Worli, Mumbai-400 018

Date :

Dear Sir,



**Friday, 8th March, 2019 from 9.30 a.m. to 5.30 p.m.
Sunville Banquets, Worli, Mumbai**

Kindly register the name/s of the following person/s from our company to participate in the above programme.

SR. NO.	NAME	DESIGNATION	MOBILE No.	EMAIL-ID
1.				
2.				
3.				
4.				
5.				

Our cheque/DD* no. _____ dated _____ for
Rs. _____ is enclosed.

Thanking you,

Yours faithfully,

(Name & Designation)

Name of the Company : _____

Address : _____

Tel No. : _____ Fax No. : _____

E-mail : _____

REGISTRATION FEES:

IDMA MEMBERS	NON IDMA MEMBERS	ACADEMIC INSTITUTE DELEGATES/ STUDENTS
Rs.3,000/- + 18% GST	Rs.3,500/- + 18% GST	Rs.1,500/- + 18% GST (for first 15 Students)
❖ Group Registration Benefits: For every 4th (Four) delegates registered from the same organization, the 5th (Fifth) delegate is complimentary		

Note :

- ❖ *Kindly use photocopies of this form for additional registrations.*
- ❖ *The cheque/DD to be drawn in favour of “**Indian Drug Manufacturers’ Association**” & payable at **Mumbai***
- ❖ *Outstation parties to remit by DD or RTGS please.*

❖ RTGS Details:

VIJAYA BANK

Account Name : **Indian Drug Manufacturers’ Association**

Bank A/c No. : Current A/c **502800300000136**

Bank : **VIJAYA BANK**

Branch Address : Worli Branch,
Mumbai-18

IFSC : VIJB0005028