

REGISTRATION FORM

To,
The Secretary General
Indian Drug Manufacturers' Association
102/B, A Wing, Poonam Chambers, Worli, Mumbai 400 018.
Tel. # 022 - 24974308 / 24944624 Fax # 022 - 24950723
E-mail: admin@idmaindia.com / actadm@idmaindia.com /
accounts@idmaindia.com

Date:05.09.2024

Dear Sir / Madam,

23rd IDMA PHARMACEUTICAL ANALYSTS CONVENTION 2024
on Thursday, 24th October and Friday, 25th October 2024 at
Hotel St. Regis, Palladium Mall, Lower Parel, 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 NOS.	EMAIL
1				
2				
3				
4				

GST No. _____ *(Mandatory, if available)*
Billing Address : _____

Note : Only after receipt of the payment, the TAX INVOICE would be issued

PAYMENT DETAILS : RTGS / NEFT / IMPS /UPI/ CHEQUE

TRANSACTION No. _____

DATE _____ **Rs.** _____

Thanking you,

Yours faithfully,
(Name & Designation)

Name of the Company _____

Mobile No. : _____ E-Mail: _____

➔ **DELEGATE FEES:**

IDMA Members	Non - IDMA Members	STUDENTS
Rs.10,000/- + GST @ 18%	Rs.12,000/- + GST @ 18%	Rs. 7,000/- + GST @ 18%

IDMA - RTGS / NEFT Details:

Account Holder's Name: **Indian Drug Manufacturers Association**

Current Account Number: **76080200000242**

Bank: **Bank of Baroda** | IFSC Code: **BARB0DBWORL**

Branch: **Worli Naka Branch, Mumbai 400018**



Note: Participation fee is neither refundable nor adjustable against future programmes. However, changes in nominations are accepted. Kindly use photocopies of this form for additional registrations. The cheque/DD to be drawn on "Indian Drug Manufacturers' Association". *Outstation parties to remit by RTGS / NEFT.