[8]Annexure

{*See* clause 5.1(g) and 14.4}

Form for disclosure of marketing expenditure under and compliance with declaration of the Uniform Code for Pharmaceutical Marketing Practices (UCPMP) 2024

All fields are mandatory

Company/entity information

1. (a) Corporate Identity Number (CIN) / Foreign Company Registration Number (FCRN):

   (b) Name of the company/entity:

   (c) Address of the registered office of the company/entity:

   (d) Email address of the company/entity:

   (e) Permanent Account Number (PAN) of the company/entity:

2. Return for the financial year:

3. Domestic sales revenues (in crore ₹):

4. Particulars to be filled by the company/entity:

Particulars	**Expenditure incurred (in crore ₹) (*See* Note below)**	**Number of recipient healthcare professionals**
Free samples distributed (monetary value of sample packs):		
Particulars	**Expenditure incurred (in crore ₹) (*See* Note below)**	**Number of events**
Education programmes* organised directly by the company/entity:		
Education programmes* organised through third parties, including associations, bodies etc.:		
Remarks/comments/notes detailing the methodology adopted for calculating the expenditure figures disclosed above:		

*Education programmes include continuous medical education / continuing professional development, conferences, workshops, training, seminars etc.

Note: Expenditure includes all expenses incurred for the event, including sponsorship, travel,

[8] Substituted *vide* Circular No. 3 of 2025, dated 1.9.2025 (w.e.f. 1.9.2025).

lodging, hospitality, advertisements, stalls (including payment directly made to third-party vendors), souvenirs, etc. For expenditure valuation, in case of in-house production, the price to stockist to be used and in case of third-party manufacturing, the purchase price is to be used.

Declaration (to be digitally signed by affixing the digital signature certificate)**:**

1. I declare that I have read the UCPMP Code 2024 and that the information furnished in this form is in compliance with the said Code.
2. I further declare that the company/entity has complied with and shall continue to abide with the provisions of the Code and shall extend all the required assistance to the authorities for implementation of the Code.
3. I further declare that the information given in this form is true to the best of my knowledge and belief.

Digital Signature Certificate:

Designation:

Director identification number (DIN) or PAN of the executive head of the company/entity:

Mobile: **Email address:**

For office use only:

eForm Service request number (SRN):

eForm filling date (DD/MM/YYYY):

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