



# 9<sup>TH</sup> GLOBAL PHARMACEUTICAL QUALITY SUMMIT 2024

## REGISTRATION FORM

<b>Applicant's Name &amp; Designation:</b>	
<b>Full Address of the Company:</b>	
<b>Email:</b>	<b>Cell No:</b>
<b>GSTIN</b>	
<b>Primary Responsibility</b> (Tick ✓ Any One) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Quality <input type="checkbox"/> Regulatory <input type="checkbox"/> Others	<b>Mode of Payment</b> (Tick ✓ Any One) <input type="checkbox"/> NEFT/IFSC <input type="checkbox"/> Cheque Deposit
<b>Details for Payment</b>	<b>Amount – ₹</b>
Account Name: Indian Pharmaceutical Alliance	Registration Fees: 40,000
Account No: 00021000057901	Add SGST @ 9%: 3,600
Bank Name: HDFC Bank Limited	Add CGST@ 9%: 3,600
Bank Address: Plot No. 124, Viraj, S V Road, Khar (W), Mumbai 400052	<b>Total Fees: 47,200</b>
NEFT/IFSC Code: HDFC0000002	<i>For locations out of Maharashtra State IGST @18% will apply, in lieu of SGST and CGST</i>
IPA GSTIN No: 27AAAFI7791Q1ZJ	
IPA PAN No: AAIFI7791Q	
<b>Important Notes:</b>	<b>Signature:</b>
i. Please do not send Cheque/DD to IPA. Please pay directly in the above mentioned bank account.	
ii. If you opt for cheque deposit, please retain the Pay-in-Slip stamped by the bank and attach a clear and legible copy with the Registration Form.	<b>Date:</b>
iii. Email Registration Form and Pay-in-Slip to Ms Siddhi Apraj at <a href="mailto:siddhi.apraj@ipa-india.org">siddhi.apraj@ipa-india.org</a>	<b>For Office Use Only</b>
iv. <b>We will confirm your registration upon receiving the payment.</b>	
v. Last Date of Registration is <b>20<sup>th</sup> June 2024.</b>	
vi. Spot Registration will not be accepted.	
vii. Confirmed participants will be expected to carry the registration confirmation with them to the venue, without which, participation in the Summit will not be possible.	
<b>For any clarifications please contact Siddhi Apraj (Email: <a href="mailto:siddhi.apraj@ipa-india.org">siddhi.apraj@ipa-india.org</a>)</b>	