



9TH GLOBAL PHARMACEUTICAL QUALITY SUMMIT 2024

REGISTRATION FORM

Applicant's Name & Designation:	
Full Address of the Company:	
Email:	Cell No:
GSTIN	
Primary Responsibility (Tick ✓ Any One) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Quality <input type="checkbox"/> Regulatory <input type="checkbox"/> Others	Mode of Payment (Tick ✓ Any One) <input type="checkbox"/> NEFT/IFSC <input type="checkbox"/> Cheque Deposit
Details for Payment Account Name: Indian Pharmaceutical Alliance Account No: 00021000057901 Bank Name: HDFC Bank Limited Bank Address: Plot No. 124, Viraj, S V Road, Khar (W), Mumbai 400052 NEFT/IFSC Code: HDFC0000002 IPA GSTIN No: 27AAAFI7791Q1ZJ IPA PAN No: AAAFI7791Q	Amount – ₹ Registration Fees: 40,000 Add SGST @ 9%: 3,600 Add CGST@ 9%: 3,600 Total Fees: 47,200 <i>For locations out of Maharashtra State IGST @18% will apply, in lieu of SGST and CGST</i>
Important Notes: 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. iii. Email Registration Form and Pay-in-Slip to Ms Siddhi Apraj at siddhi.apraj@ipa-india.org iv. We will confirm your registration upon receiving the payment. v. Last Date of Registration is 20th June 2024 . 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.	Signature:
	Date:
	For Office Use Only

**For any clarifications please contact Siddhi Apraj
(Email: siddhi.apraj@ipa-india.org)**