



INDIAN PHARMACOPOEIA COMMISSION

(Ministry of Health and Family Welfare,
Government of India)

**1st IPC Interactive Meet on
Pharmacopoeia Standards: Regulatory
and Quality Considerations**
February 4, 2019

REGISTRATION FORM

PARTICIPANT DETAILS		INVOICING DETAILS	
Name		Name	
Company/Institution		Company/Institution	
Address (with pin code)		Address (with pin code)	
Telephone		Telephone	
Fax		Fax	
Email		Email	
Purchase Order Reference (If any) (To be mentioned on the invoice)			

PAYMENT DETAILS

Amount	
NEFT ID/DD No.	
Date	

TERMS AND CONDITIONS OF PARTICIPATION

1. Payment shall be made either by **Demand Draft** in favour of 'INDIAN PHARMACOPOEIA COMMISSION' payable at Ghaziabad OR **NEFT** to 'Indian Pharmacopoeia Commission, Bank of Baroda, Raj Nagar, Ghaziabad; Bank Account No.: 21860100013540, Branch IFSC Code: BARB0SANGHA (Fifth character is 0=zero), Type of Account: Current, MICR Code of Bank: 110012204'.
2. Scanned copy of duly filled and signed registration form may be sent to tsectipc@gmail.com.
3. Seats are limited and registrations will be accepted based on first come first served basis.
4. No refunds will be issued for any cancellation requests or failure to attend the workshop. However, we may consider request for substitute registrant from the same organization. Request for substitutions must be send to ipclab@vsnl.net.
5. In case of any dispute, decision of IPC will be final and accepted by one and all.

Date: _____

Signature of Participant: _____

Place: _____