

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

Date:

Dear Sir / Madam,

24th Pharmaceutical Analysts' Convention (PAC) 2025
Tuesday, 16th & Wednesday, 17th December 2025
Hotel Sahara Star, 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				
5				

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 / CHEQUE

UTR No. / TRANSACTION No. / CHEQUE No. _____

DATE _____ **Rs.** _____

Thanking you,

Yours faithfully,
(Name & Designation)

Name of the Company _____

Mobile No. : _____ E-Mail: _____

REGISTRATION FEES:

Delegates	Students	Faculty
Rs.17,700/- including GST	Rs.14,160/- including GST	Rs.11,800/- including GST

Group Registration Benefits:

For every three (3) delegates registered from the same organization or institute, the fourth (4th) delegate would be complimentary.

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.