

SUPPLY ORDER FORM

PAN No.: AAATI7017F

GSTIN 09AAATI7017F2ZR

Indian Pharmacopoeia Commission Ministry of Health & Family Welfare, Govt. of India Reference Substance Division, Sector-23, Rajnagar, Ghaziabad-201002. (India) Fax: 91(0120) 2783311, E.mail: ipclab@vsnl.net Website: http://www.ipc.gov.in	For Office use only Date Received: IPRS Order No.: Processed by:
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Please Supply

S. No.	Name of IPRS*	Lot No.	Price per Vial	No. of Vials Ordered	Total Price (Rs.)

Name of the Organization

Delivery Address

..... Pin Code

GSTIN..... State Code

Tel. No. E.mail :

Billing Address

GSTIN..... State Code

Tel. No. E.mail :

Payment shall be made either by Demand Draft drawn in favour of **“INDIAN PHARMACOPOEIA COMMISSION”** payable Ghaziabad **or** NEFT to **“INDIAN PHARMACOPOEIA COMMISSION,** Bank of Baroda, Sanjay Nagar, Ghaziabad, Bank Account Number: 21860100013540, Branch IFSC Code: BARB0SANGHA (fifth character is zero), Type of Bank Account: Saving Account.

DD No/NEFT No.....Date..... Amount

Declaration

*I certify that IPRS(s) ordered is for the purpose of its intended use as per Indian Pharmacopoeia.

Name..... Designation.....Signature.....Date.....

Order and Payment Information for Indian Pharmacopoeia Reference Substances

Order(s) must be made in writing by post or fax or e.mail address given as under:

We regret that order is not normally accepted over the telephone.

*** Warning:** For laboratory use only.
Not for drug, food, human or animal consumption.