



# INDIAN PHARMACOPOEIA COMMISSION

MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA  
SECTOR-23, RAJ NAGAR, GHAZIABAD- 201 002

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## Application Form

(To join Subject Expert Committee of Materiovigilance Programme of India)

### Personal Details

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address (With pin code)</b>	
<b>Telephone</b>	
<b>E-mail</b>	

### Education Qualification (Please enclose supporting evidence)

<b>Degree</b>	<b>Institute/University</b>	<b>Year</b>	<b>Subjects (With specialization)</b>

### Employment Details (Starting from current engagement) (Please enclose supporting evidence)

<b>Designation</b>	<b>Organization</b>	<b>Duration</b>	<b>Job Responsibilities</b>

**In which area would you like to contribute for Materiovigilance Programme of India?** (May tick more than one option)

- |             |                          |                 |                          |
|-------------|--------------------------|-----------------|--------------------------|
| Cardiology  | <input type="checkbox"/> | Orthopaedics    | <input type="checkbox"/> |
| Gynacology  | <input type="checkbox"/> | Ophthalmology   | <input type="checkbox"/> |
| Dental      | <input type="checkbox"/> | Anaesthesiology | <input type="checkbox"/> |
| Respiratory | <input type="checkbox"/> | Urology         | <input type="checkbox"/> |
| Neurology   | <input type="checkbox"/> | Radiology       | <input type="checkbox"/> |

**Declaration**

I have read and understood the 'Terms of Reference for subject expert committee of Materiovigilance Programme' & 'Code of Conduct' and by signing this application form, I am agreeing to abide by the same.

**Date:**

**Signature**