



**INDIAN PHARMACOPOEIA COMMISSION**  
**INDIAN PHARMACOPOEIA LABORATORY**  
Ministry of Health & Family Welfare, Government of India  
Sector-23, Raj Nagar, Ghaziabad- 201 002.  
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**Annexure-V**  
**PT PARTICIPANTS REGISTRATION FORM PT ROUND-01, 2024**

Format No: IPC/QSP/049/07/FMT/05

Participant Details (Shipping Address)		Invoicing Details (If different from shipping address)
Organization Name		
Address		
District		
PIN		
GST No.		
Email/Mob No.:		
State		Country

Participant Fee Details		Date:
		Amount:
<b>DD No./NEFT No.</b>		
Accreditation Status ISO/IEC 17025	YES/NO	
NABL Certificate No. and location (if any)		
<b>Both accredited and non-accredited laboratories are eligible for participation.</b>		
Quality Manager Name	Designation	
Mobile No.	Email id	

\*All Correspondence will be done on the above registered E-mail ID of participant only.

- ❖ **Confirmation of registration:** Receipt of registration form will be acknowledged after receiving the payment.
- ❖ Fill and scan PDF Format and email to [qualityassurance-ipc@gov.in](mailto:qualityassurance-ipc@gov.in) (No hard copy to be sent).
- ❖ Fill registration form in legible manner. If GSTIN is in the name of individual/organization other than PT participants, use extra sheet for providing any additional information for billing purpose.
- ❖ Registration is temporary till the payment is made. Payments are to be made in advance.
- ❖ For any query and clarification please contact us at below details.
- ❖ Email: [qualityassurance-ipc@gov.in](mailto:qualityassurance-ipc@gov.in), Phone :9015397123/0120-2783392

**Signature of authorized person**

**Name:**

**Designation:**