

	<b>INDIAN PHARMACOPOEIA COMMISSION</b> <b>INDIAN PHARMACOPOEIA LABORATORY</b> Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Ghaziabad- 201 002. Tel No: 0120- 2783392, 2783400, 2783401 Mail: <a href="mailto:lab.ipc@gov.in">lab.ipc@gov.in</a> Web: <a href="http://www.ipc.gov.in">www.ipc.gov.in</a>
	<b>ANNEXURE-V</b> <b>PT PARTICIPANTS REGISTRATION FORM PT ROUND –03/2024</b>

Format No.: IPC/QSP/049/09/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 the participant only.

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

**Signature of authorized person**

**Name:**

**Designation:**