

## 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: [sales-ipc@gov.in](mailto:sales-ipc@gov.in)  
Website: <http://www.ipc.gov.in>

**For Office use only**

Date Received: .....  
IPRS Order No.: .....  
Processed by: .....

**Please Supply**

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

**Please mention Email ID for IPRS certificate for Analysis**

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:

**For any queries please email:** [sales-ipc@gov.in](mailto:sales-ipc@gov.in)

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

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