

SUPPLY ORDER FORM

INDIAN PHARMACOPOEIA COMMISSION MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA SECTOR-23, RAJ NAGAR, GHAZIABAD- 201 002 Tel No: 0120- 2783392, 2783400, 2783401; Fax: 2783311 Mail: lab.ipc@gov.in Web: www.ipc.gov.in PAN No.: AAATI7017F GSTIN 09AAATI7017F2ZR	For Office use only: Date Received:..... Order No.:..... Processed by:.....
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Please Supply (Order must be made in writing by post or fax or e-mail on address as given)

Sr. No.	Title of the Publication(s)	No. of Set(s)/ Copy(ies) Ordered	Amount @ per copy/set	GST as applicable	Total Amount (Rs.)

Name (please type full name):

Name of the Organization:

Delivery Address:

..... Pin Code:.....

Tel. No.:..... E-Mail:.....

GSTIN..... State Code:.....

MODE OF PAYMENT: (The payment can be make either through Demand Draft or NEFT/RTGS):

The payment shall be made either by **Demand Draft** drawn in favour of “**INDIAN PHARMACOPOEIA COMMISSION**“ payable at **Ghaziabad (Uttar Pradesh)** or through NEFT/RTGS to below mention account:-

A/c Holder Name: Indian Pharmacopoeia Commission
ACCOUNT NO.: 21860100013540
ACCOUNT TYPE: Saving
BANK NAME: BANK OF BARODA
BRANCH NAME: Sanjay Nagar, Ghaziabad, Uttar Pradesh, India
IFSC CODE: BARB0SANGHA (0 → Denoting Zero)

Demand Draft/UTR No......**Date:**..... **Bank Name:**.....

Note: Kindly inform us at our e-mail ID: lab.ipc@gov.in after money transaction along with **UTR No.** for further necessary action.

Declaration:

I certify that the book(s) ordered is for the purpose in connection with my trade, business or profession.

Signature: Date:

We regret that order is not normally accepted over the telephone