



**REGISTRATION FOR BSM / BUSINESS DELEGATION TO Peru, Mexico, Columbia and Chile
(17th August 2019 to 2nd September 2019)**

DELEGATION FORM

| | |
|-----------------------|--|
| Name of the Delegate: | |
| Designation: | |
| Company Name: | |
| Office address: | |
| City: | |
| Mobile no.: | |
| Telephone no.: | |
| Fax no.: | |
| Email: | |
| Website: | |

| Company Information (All Fields are Mandatory) | |
|---|--|
| RCMC Number: | |
| Year of Establishment | |
| Number & Date of issue of GMP/ WHO: | |
| Details of Quality accreditations: | |
| Top 10 countries where you are exporting: | |

| Exports to LAC Region (mention the last three year figures) | | | |
|--|---------|---------|--------------------|
| In case of no exports, you may write Nil | | | |
| 2016-17 | 2017-18 | 2018-19 | Product categories |
| | | | |

| Exports to Peru, Mexico, Columbia & Chile | | | | |
|--|---------|---------|---------|--------------------|
| | 2016-17 | 2017-18 | 2018-19 | Product Categories |
| Peru | | | | |
| Mexico | | | | |
| Columbia | | | | |
| Chile | | | | |



| Product/Therapeutic Areas of Interest for doing business with invited companies BSM/ Business Delegation to Peru, Mexico, Columbia & Chile (please tick mark). Can tick more than one | | | |
|---|--|-------------------------------|--|
| Anti-Infective/ Anti-Biotics | | Cardiac | |
| Gastro Intestinal | | Vitamins/ Minerals/ Nutrients | |
| Respiratory | | Pain / Analgesics | |
| Anti-Diabetic | | Neuro / CNS | |
| Derma | | Anti-Neoplastics/ Oncology | |
| Gynaecological | | Blood Related | |
| Ophthalmic/ Ontological | | Urology | |
| Hormones | | Anti Malarials | |
| Vaccines | | Sex Stimulants/ Rejuvenators | |
| Anti-Neoplastics/ Oncology | | Stomatologicals | |
| Nutraceuticals | | HIV | |
| Machinery | | Anti-Tuberculosis | |
| Herbal | | Ayurveda | |
| Others (please specify) | | | |

| Company profile (Strictly Not more than 100 words) |
|--|
| |

| Passport details: Please provide the mandatory information | |
|--|--|
| Name as per Passport: | |
| Passport number: | |
| Date of Issue: | |
| Date of Expiry: | |
| Place of Issue: | |
| Date of Birth: | |
| Place of Birth: | |

Note: Participation in minimum of three countries is mandatory

To confirm your participation kindly fill in the form and send the soft copy of this form in **WORD FILE** format through email at ed@pharmexcil.com and mark a copy to romumbai@pharmexcil.com along with the scanned **PASSPORT COPY** and **PASSPORT SIZE PHOTOGRAPH** of the delegate.