



FEE FOR MEMBERSHIP

Membership fees for various categories of members is as follows :

S. No.	Category of Member	Membership Fee	Entrance Fee	GST 18%	Total
1.	Large Scale Manufacturer	Rs. 36,000/- p.a.	Rs. 18,000/-	9720/-	Rs. 63,720 /-
2.	Small Scale Manufacturer	Rs. 10,000/- p.a.	Rs. 5000 /-	2700 /-	Rs. 17,700 /-
3.	Merchant Exporter	Rs. 12,000/- p.a.	Rs. 6,000 /-	3240 /-	Rs. 21,240 /-

Note: DD should be drawn in favour of "**Pharmaceuticals Export Promotion Council of India**" Payable at Hyderabad / Mumbai.

LARGE SCALE MANUFACTURER:

Member has to submit a certificate issued by the Secreteriat for Industrial Assistance.

SMALL SCALE MANUFACTURER:

Member has to submit SSI certificate issued by the Director of Industries.

Documents to be enclosed

Large Scale Manufacturer: IEC, PAN Card, Industrial License, Drug License, Brief Profile of the Company, along with brochure.

Small Scale Manufacturer: IEC, PAN Card, SSI Permanent Registration, Drug License, Brief Profile of the Company, along with brochure.

Merchant Exporter: IEC, PAN Card, Drug License, Brief Profile of the Company, along with brochure.



PHARMACEUTICALS EXPORT PROMOTION COUNCIL OF INDIA

(Set up by Ministry of Commerce & Industry, Govt. of India)

101, Aditya Trade Centre, Ameerpet, Hyderabad-500 038.

Tel. No. 040-23735462, 23735466, Fax : 040-23735464

E-mail : info@pharmexcil.com Website : www.pharmexcil.com

APPLICATION FOR MEMBERSHIP

The Executive Director
Pharmaceuticals Export Promotion Council of India
101, Aditya Trade Centre,
Ameerpet, Hyderabad-500 038.

Dear Sir,

Kindly enroll us as Associate/Ordinary Member of Pharmaceuticals Export Promotion Council, in the following category (please tick (ü) only one from the following).

LARGE SCALE MANUFACTURER

SMALL SCALE MANUFACTURER

MERCHANT EXPORTER

OTHERS (Specify _____)

We enclose herewith a Cheque/D.D. No. _____ Dt _____ For Rs. _____

drawn on _____ Branch _____ towards
the membership subscription under the category in which we seek.

We have read the rules and regulations for membership of the Council and agree to abide by the same. We give below the particulars of our firm :

1. NAME OF THE FIRM :
2. POSTAL ADDRESS
(a) Head Office :
3. TELEPHONE :
4. FAX : EMAIL :
5. Under Which Panel does the applicant's request to be indexed

Please tick any one of the following

- | | | |
|-----------|---|--------------------------|
| Panel I | Pharmaceutical Formulations (including Excipients, Veterinary Drugs etc.) | <input type="checkbox"/> |
| Panel II | Bulk Drugs & Drug Intermediates | <input type="checkbox"/> |
| Panel III | Herbal Products (including Ayurvedic, Homeopathic, Unani and Siddha Medicines) | <input type="checkbox"/> |
| Panel IV | Biotech Products (including vaccines and recombinant products) | <input type="checkbox"/> |
| Panel V | Pharmaceutical Services (including R & D, Clinical Trials, Medical Transcripts) | <input type="checkbox"/> |
| Panel VI | Healthcare Products (Including Surgicals, Diagnostics, Medical Devices etc) | <input type="checkbox"/> |
| Panel VII | Merchant Exporters (Traders, CROs) | <input type="checkbox"/> |

7. Whether registered with Directorate of industries/SSI/SIA _____ Regn No. _____
Department of Industries, New Delhi/Food and Drug Administration (enclosed)

8. I.E. Code No. _____ Copy of PAN No. : _____
Date _____ Date _____
(Please enclose photostat copy) (Please enclose photostat copy)

9. Name(s) and address(es) of the representative(s) in order of priority who shall exercise voting powers with specimen signature as given below : (Compulsory)

	NAME	DESIGNATION	SIGNATURE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I/We hereby declare that the particulars given above are true and correct to the best of my/our knowledge and belief.
I/We hereby agree to produce evidence in support of the information given above as and when the council requires.

Place : _____ Seal/Rubber Stamp with address _____ Signature of the applicant
Name/Designation.

(For Office use only)

Receipt No. Date :

Membership No. Date :

The party has paid the necessary fees and furnished all required documents. We may, therefore, accept their Membership as _____ Under Panel _____ subject to approval _____

Dealing Clerk

Checking Officer

Executive Director



PHARMACEUTICALS EXPORT PROMOTION COUNCIL OF INDIA
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APPLICATION FORM FOR REGISTRATION CUM MEMBERSHIP

File No. _____	Date : _____
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The Director General
Pharmaceuticals Export Promotion Council,
101, Aditya Trade Centre,
Ameerpet, Hyderabad-500038.

Dear Sir,

Kindly register us as Manufacturer - Exporter / Merchant - Exporter of the Product (s) mentioned below.

1. Name of the Applicant (company) : _____

2. Address of the Applicant (company)
 - i) Registered Office in case of Limited companies and head office for others : _____

 - ii) Name and Address of the branches if any : _____

 - iii) Name and Address of the Factory : _____

 - _____

 - _____

 - _____

 - _____

- E-mail : _____

3. IEC No. & Date : _____

- Issuing Authority : _____

4. If the registration is required as a manufacturer exporter :

S S I Registration / Industrial License / IEM No. _____ Date : _____

Issuing Authority : _____

Other (specify) _____

5. Details of Directors/Partners/Proprietor/Karta to be given in the following manner :

Name : _____

Father's Name : _____

Residential Address : _____

Telephone : _____

6. EH/TH/STH/SSTH Certificate No. & Date :

Valid Upto : _____

7. Name of export product(s) for

which registration is required (please

attach separate sheet if required) : _____

8. Export Turnover for the last Three Years : _____

9. I/We hereby solemnly declare that the above stated information is true and correct. We undertake without any reservation to :

a. abide by the terms of the registration certificate granted to us on all our exports.

b. agree to abide by any code of conduct that may be prescribed.

c. agree to abide by export floor price condition that may be stipulated by Registering Authority.

d. furnish without fail quarterly returns of exports including nil returns to the registering authority by 15th day of the months following the quarter

10. We further understand that our registration is liable to be canceled in the event of breach of any of the undertakings mentioned above.

Yours faithfully

(Signature)

Name : _____

Address : _____

Designation : _____

Tele No. _____ Fax No. _____

Place :

Date :

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Regd. / Head Office : 101, Aditya Trade Centre, Ameerpet, Hyderabad - 500 038. Tel No. 23735462, 23735466, Fax : 23735464

REGISTRATION CUM MEMBERSHIP CERTIFICATE

PART - I (To be filled in by the applicant)	PART - II (To be filled in by the Registering Authority)
<p>1. Name and Address of the applicant</p> <p>2. IEC Number.....</p> <p>3. Pan Number.....</p> <p>4. Address of the (i) Head Office :.....</p> <p>(ii) Registered Office :.....</p> <p>(iii) Branch Office :.....</p> <p>(iv) Factory :.....</p> <p>5. Year of establishment :.....</p> <p>6. Description of export product(s for which registration is sought.....</p> <p>7. Whether registration is required as Merchant exporter or Manufacturer exporter.....</p> <p>8. Name of the Proprietor / Partner / Directors / Managing Director.....</p> <p>I/We hereby declare that the above information is correct to the best of my / our knowledge and belief. I/We undertake to abide by the conditions, subject to which registration / membership is granted.</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">Seal</div> <div> <p>(Signature)</p> <p>Name in Block Letters</p> <p>Designation</p> <p>Residential Address</p> </div> </div> <p>Place :.....</p> <p>Date :.....</p>	<p>This is to certify that M/s.....</p> <p>.....</p> <p>.....</p> <p>is registered with us.</p> <p>Other details as per our records are as under :</p> <p>(i) Description of goods for which registered</p> <p>.....</p> <p>.....</p> <p>(ii) Registration number.....</p> <p>(iii) Manufacturer exporter or Merchant exporter</p> <p>.....</p> <p>(iv) Name(s) of Proprietor / Partner (s)</p> <p>Director (s) Karta</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>This certificate is issued subject to the conditions laid down in the relevant scheme of registration of this Council.</p> <p>Signature.....</p> <p>Name.....</p> <p>Designation.....</p> <p>Seal.....</p> <p>Valid / upto.....</p> <p>Date of issue.....</p>

1. This Certificate is valid for five years unless revoked/ amended earlier, subject to the condition that membership with the Council is renewed from year to year.
2. One of the conditions of the Certificate is that the Registered Exporter is required to send to this Council a quarterly statement of his exports, failing which the certificate could be cancelled.
3. This Certificate covers all the product groups covered by this Council.


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<p>I/We hereby declare that the above information is correct to the best of my / our knowledge and belief. I/We undertake to abide by the conditions, subject to which registration / membership is granted.</p> <p> (Signature)</p> <p>Name in Block Letters</p> <p>Designation</p> <p>Residential Address</p> <p>Place :.....</p> <p>Date :.....</p>	<p>This certificate is issued subject to the conditions laid down in the relevant scheme of registration of this Council.</p> <p>Signature.....</p> <p>Name.....</p> <p>Designation.....</p> <p>Seal.....</p> <p>Valid / upto.....</p> <p>Date of issue.....</p>

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