# Pharmaceuticals Export Promotion Council of India

**Head Office Address:** 101, Aditya Trade Centre, Ameerpet, Hyderabad - 500038, Telangana

## Fee for Membership

<table>
<thead>
<tr>
<th>Category</th>
<th>Membership Fee</th>
<th>Service Tax</th>
<th>Swachh Bharat Cess</th>
<th>Krishi Kalyan Cess</th>
<th>Total</th>
<th>Entrance Fee (One time)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rs.</td>
<td>14.00%</td>
<td>0.50%</td>
<td>0.50%</td>
<td>Rs.</td>
<td>Rs.</td>
</tr>
<tr>
<td>LSM</td>
<td>36,000</td>
<td>5,040</td>
<td>180</td>
<td>180</td>
<td>41,400</td>
<td>18,000</td>
</tr>
<tr>
<td>SSM</td>
<td>10,000</td>
<td>1,400</td>
<td>50</td>
<td>50</td>
<td>11,500</td>
<td>5,000</td>
</tr>
<tr>
<td>MERCHAND EXPORTERS</td>
<td>12,000</td>
<td>1,680</td>
<td>60</td>
<td>60</td>
<td>13,800</td>
<td>6,000</td>
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</table>

- Total: 59,400
- Entrance Fee: 16,500

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

**NEFT / RTGS details:**

- Beneficiary Name: Pharmaceuticals Export Promotion Council of India
- A/c. No.: 067001601000108
- A/c. Type: Current Account
- IFSC: CORP000670
- Bank Name: Corporation Bank
- Bank Address: 1st Floor, Door No: 2/A, MIG (581) Near Community Hall, Sanjeev Reddy Nagar Branch, Hyderabad-500038

**LARGE SCALE MANUFACTURER:**
- Member has to submit a certificate issued by the Secretariat 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 Licence, 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
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).

<table>
<thead>
<tr>
<th>LARGE SCALE MANUFACTURER</th>
<th>SMALL SCALE MANUFACTURER</th>
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</thead>
<tbody>
<tr>
<td>MERCHANT EXPORTER</td>
<td>OTHERS (Specify ____________ )</td>
</tr>
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</table>

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** : FAX :

4. **EMAIL** : WEBSITE :

5. **NAME OF OFFICER TO WHOM COMMUNICATION TO BE SENT** :
   NAME :
   DESIGNATION :
   EMAIL ID :
   PHONE/MOBILE :

6. 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.)
   - Panel II Bulk Drugs & Drug Intermediates
   - Panel III Herbal Products (including Ayurvedic, Homeopathic, Unani and Siddha Medicines
   - Panel IV Biotech Products (including vaccines and recombinant products)
   - Panel V Pharmaceutical Services (including R & D, Clinical Trials, Medical Transcripts)
   - Panel VI Healthcare Products (Including Surgicals, Diagnostics, Medical Devices etc)
   - Panel VII Merchant Exporters (Traders, CROs)
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. :

<table>
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<tr>
<th>Date</th>
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9. Name(s) of the representative(s) including MD/CEO/Proprietor etc. of company for the purpose of Important Communications to senior management and exercising Voting.

Note: To exercise voting, Mobile number is required.

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESIGNATION</th>
<th>EMAIL ID</th>
<th>PHONE/MOBILE NO</th>
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<tbody>
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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. Membership No.

Date : 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
APPLICATION FORM FOR REGISTRATION CUM MEMBERSHIP

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<tr>
<th>File No.</th>
<th>Date</th>
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</table>

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  :

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:
**PART - I**
(To be filled in by the applicant)

1. Name and Address of the applicant ........................................

2. IEC Number........................................................................

3. Pan Number........................................................................

4. Address of the
   (i) Head Office : ...........................................................
   (ii) Registered Office : ..................................................
   (iii) Branch Office : ......................................................
   (iv) Factory : ............................................................

5. Year of establishment : ....................................................

6. Description of export product(s for which registration is sought)..............................................................................

7. Whether registration is required as Merchant exporter or Manufacturer exporter..............................................................

8. Name of the Proprietor / Partner / Directors / Managing Director..................................................................................

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.

(Signature) ........................................................

Name in Block Letters .........................................

Designation ..........................................................

Residential Address ..........................................

Place : ..........................................................

Date : ...........................................................

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**PART - II**
(To be filled in by the Registering Authority)

This is to certify that M/s...........................................................

Other details as per our records are as under :

(i) Description of goods for which registered ..........................................................

(ii) Registration number..........................................................

(iii) Manufacturer exporter or Merchant exporter ..........................................................

(iv) Name(s) of Proprietor / Partner (s) / Director (s) / Karta ..........................................................

This certificate is issued subject to the conditions laid down in the relevant scheme of registration of this Council.

Signature ..........................................................................

Name .............................................................................

Designation ....................................................................

Seal ...............................................................................}

Valid / upto ......................................................................

Date of issue ....................................................................

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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.
# REGISTRATION CUM MEMBERSHIP CERTIFICATE

## PART - I

<p>| | |</p>
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<tbody>
<tr>
<td>1.</td>
<td>Name and Address of the applicant ................................</td>
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<td>2.</td>
<td>IEC Number...................................................................</td>
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<tr>
<td>3.</td>
<td>Pan Number...................................................................</td>
</tr>
<tr>
<td>4.</td>
<td>Address of the</td>
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<td></td>
<td>(i) Head Office : ............................................................</td>
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</table>
|   | (ii) Registered Office : ..................................................
|   | (iii) Branch Office : ........................................................ |
|   | (iv) Factory : ............................................................ |
| 5. | Year of establishment :.................................................. |
| 6. | Description of export product(s for which registration is sought) ............................................................ |
| 7. | Whether registration is required as Merchant exporter or Manufacturer exporter............................................ |
| 8. | Name of the Proprietor / Partner / Directors / Managing Director............................................................ |

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.

(Signature) ............................................................
Name in Block Letters ..............................................
Designation ............................................................
Residential Address ..................................................

Place :.............................
Date :.............................

## PART - II

<p>| | |</p>
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<tr>
<td></td>
<td>(iii) Manufacturer exporter or Merchant exporter ..........................................................</td>
</tr>
<tr>
<td></td>
<td>(iv) Name(s) of Proprietor / Partner(s)</td>
</tr>
<tr>
<td></td>
<td>Director(s) Karta ..........................................................................................</td>
</tr>
</tbody>
</table>

This certificate is issued subject to the conditions laid down in the relevant scheme of registration of this Council.

Signature.............................................................................
Name......................................................................................
Designation.............................................................................
Seal.........................................................................................
Valid / upto.............................................................................
Date of issue.............................................................................

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.
### PART - I
(To be filled in by the applicant)

1. Name and Address of the applicant ...........................................
2. IEC Number ........................................................................
3. Pan Number ........................................................................
4. Address of the
   (i) Head Office : ............................................................
   ........................................................................
   (ii) Registered Office : ..................................................
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6. Description of export product(s for which registration is sought)
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   ....................................................................................................
7. Whether registration is required as Merchant exporter
   or Manufacturer exporter .............................................
6. Name of the Proprietor / Partner / Directors / Managing
   Director ...........................................................................
   ..........................................................................................

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.

(Signature) ........................................................
Name in Block Letters .......................................
Designation ......................................................
Residential Address ...........................................

Place :..........................  
Date :...........................

### PART - II
(To be filled in by the Registering Authority)

This is to certify that M/s....................................................

Other details as per our records are as under :

(i) Description of goods for which registered
   ....................................................................................................
   ....................................................................................................
(ii) Registration number ......................................................
(iii) Manufacturer exporter or Merchant exporter
   ....................................................................................................
   ....................................................................................................
(iv) Name(s) of Proprietor / Partner (s)
   Director (s) Karta ....................................................
   ..........................................................................................
   ..........................................................................................
   ..........................................................................................

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