



INDIAN PHARMACOPOEIA COMMISSION- PT DIVISION

Ministry of Health & Family Welfare, Government of India

Sector-23, Raj Nagar, Ghaziabad- 201 002.

Tel No: 0120- 2783392, 2783400, 2783401

Mail: lab.ipc@gov.in Web: www.ipc.gov.in

ANNEXURE-V

PT PARTICIPANTS REGISTRATION FORM PT ROUND – 01/2026

Format No.: IPC/QSP/049/12/FMT/05

Participant Details (Shipping Address)		Invoicing Details (If different from shipping address)
Organization Name		
Address		
District		
PIN		
GST No.		
Email/Mob No.:		
State		Country

Participant Fee Details		Date:
		Amount:
DD No./NEFT No.		
Accreditation Status ISO/IEC 17025	YES/NO	
NABL Certificate No. and location (if any)		
Both accredited and non-accredited laboratories are eligible for participation		
Quality Manager Name		Designation
Mobile No.		Email Id

*All Correspondence will be done on the above registered E-mail ID of the participant only.

❖ **Confirmation of registration:** Receipt of the registration form will be acknowledged after the receiving of payment.

Fill and scan PDF Format and email to qualityassurance-ipc@gov.in, meenakshi.ipc@gov.in

❖ (No hard copy to be sent).

❖ Fill the registration form in a legible manner. If GSTIN is in the name of individual/organization other than PT participants, use an extra sheet for providing any additional information for billing purposes.

❖ Registration is temporary till the payment is made. Payments are to be made in advance.

❖ For any query and clarification please contact us at the below details:

Email: qualityassurance-ipc@gov.in and meenakshi.ipc@gov.in

Phone: 9015397123/0120-2783392

Contact Person: Dr. Manoj Kumar Pandey- 9868875787; Dr. Meenakshi Dahiya- 9818685036

Signature of authorized person

Name:

Designation: