



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 –04/2025

Format No.: IPC/QSP/049/11/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: Mrs. Shaily Tyagi- 9015397123; Dr. Meenakshi Dahiya - 9818685036

Signature of authorized person:

Name:

Designation: