

## SUPPLY ORDER FORM

**PAN No.:** AAATI7017F

**GSTIN** 09AAATI7017F2ZR

<b>Indian Pharmacopoeia Commission</b> Ministry of Health & Family Welfare, Govt. of India Reference Substance Division, Sector-23, Rajnagar, Ghaziabad-201002. (India) Fax: 91(0120) 2783311, E.mail: <a href="mailto:ipclab@vsnl.net">ipclab@vsnl.net</a> Website: <a href="http://www.ipc.gov.in">http://www.ipc.gov.in</a>	<b>For Office use only</b> Date Received: ..... IPRS Order No.: ..... Processed by: .....
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**Please Supply**

S. No.	Name of IPRS*	Lot No.	Price per Vial	No. of Vials Ordered	Total Price (Rs.)

Name of the Organization .....

Delivery Address .....

..... Pin Code .....

GSTIN..... State Code .....

Tel. No. .... E.mail : .....

Billing Address .....

GSTIN..... State Code .....

Tel. No. .... E.mail : .....

Payment shall be made either by Demand Draft drawn in favour of **“INDIAN PHARMACOPOEIA COMMISSION”** payable Ghaziabad or NEFT to **“INDIAN PHARMACOPOEIA COMMISSION,** Bank of Baroda, Sanjay Nagar, Ghaziabad, Bank Account Number: 21860100013540, Branch IFSC Code: BARB0SANGHA (fifth character is zero), Type of Bank Account: Saving Account.

DD No/NEFT No.....Date..... Amount .....

**Declaration**

\*I certify that IPRS(s) ordered is for the purpose of its intended use as per Indian Pharmacopoeia.

Name..... Designation.....Signature.....Date.....

**Order and Payment Information for Indian Pharmacopoeia Reference Substances**

Order(s) must be made in writing by post or fax or e.mail address given as under:

**We regret that order is not normally accepted over the telephone.**

**\* Warning:** For laboratory use only.  
Not for drug, food, human or animal consumption.