



**INDIAN PHARMA MACHINERY MANUFACTURERS' ASSOCIATION
(IPMMA)**

01. Name of the Organization (In Capital Letters)														
Address (In Capital Letters)	P. O						City/ Dist.							
	State/ U.T						Pin:							
	Tel.	Area Code	NUMBER						NUMBER					
	Fax	Area Code	NUMBER						NUMBER					
	Email:													
Website:														
02. Contact Person:	Mr. / Ms.													
	Designation													
03. Year in Incorporation:														
04. Type of Organization: (P1 " <input type="checkbox"/> " mark)	a) Pub Ltd./ Ltd. Co./ Deemed Pub Ltd. Co.						b) Pvt. Ltd. Co.							
	c) Proprietary Firm						d) Partnership Firm							
	e) Others (pl. specify)													
05. Nature of Business: (P1 " <input type="checkbox"/> "mark. More than one may be " <input type="checkbox"/> " marked, if require)	a) Manufacturer				b) Manufacturer Exporter				c) Merchant Exporter					
06. No. Of employees	Managerial:			Staff:			Workers:			Contractual:				
07. Overseas Collaboration/ Representation: If yes Details (Optional)	Yes						No							
	Details:													
08. Overseas Offices: If yes Details (Optional)	Details:													



09. Capabilities available: (P1) <input type="checkbox"/> "mark. More than one may be <input type="checkbox"/> " marked, if require)	a) Design	b) Manufacture	c) Consulting	d) Development
	e) Sales	f) Assembly	g) Service	h) Others
10. Experience in Foreign Trade:(Pl. specify the year)	Export Business since:			Import Business since:
11. Registration cum Memership Certification:	Name of EPC, Comm. Board etc.			Since:
(Pl. specify in the box) Pl. enclose copy				
12. Whether given status as an Export/ Trading/ Star Trading/ Super Star trading ouse/ Golden House:	Status	Certificate No. & Date of Issue	Validity From	To
(Pl. specify in the box) Pl. enclose copy				
13. Whether ISO 9000(series) or any equivalent internationally recognized certificate of quality has been acquired.	Issuing Organization And Name of Certified Granted	Certificate No. & Date of Issue	Validity From	To
(Pl. specify in the box) Pl. enclose copy				
14. Membership with Trade/ Industrial Association:	SL. No.	Name & Address (PO, City/ Dist, Pin)	Tel., Fax, Email	Associated Since (Date)
(Pl. specify in the box)				



15. Brand name of products, if any				
16. Details of the items produced, services rendered during the last complete financial year. (Pl. Specify the year)	SL. No.	Items processed/ Services rendered	HS Code at 6 digit level	
Production details For the Year:	<input type="text"/>			
19. Country – Commodity wise exports during the last or any previous financial year when export trade was undertaken. (Pl. specify year)	SL. No.	HS Code at 6 digit level	Country of Destination	
Export Details For The Year:	<input type="text"/>			
20. Total Value of Exports undertaken during last three years (Pl. Specify the year)	Financial Year	Total Exports FOB value in lakhs(Rs.)		
21. Total value of Import Undertaken Last Three Years (Pl. Specify the year)	Financial Year	Total Import FOB value in lakhs(Rs.)		
22. Banker's Information	Name & Address:			
	Tel.:		Fax:	
23. Which industry will you mainly cater to: (Pl. " <input type="checkbox"/> " Mark. More than one may be " <input type="checkbox"/> " marked, if require)				
Food	Pharma	Wines/ Spirits	Confectionary	Cosmetics/ Toiletries



Dairy	Engineering Components	Grains/ Sugar	Beverage/ Beer/ Soft Drinks	Chemical
Textile/ Clothing	Paints/Oil	Cooking Oil	Biotech	Others (Pl. specify)
24. Are you willing to participate in the following IPMMA activities: (Pl <input type="checkbox"/> "Mark. More than one may be <input type="checkbox"/> "Marked, if require)	Meetings	Surveys	Statistics	Shows
	Committees	Publications	Use of IPMMA Logo	Any other (Pl. indicate)
25. Which are the Exhibitions do you participate	National		International	
26. Any Suggestion				

Place:

Signature (With seal of Authorized Signatory)

Date:

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Name (In Block Letters)

Enclosures:

Brochures and Literature of Company & products/ services for Association Data Bank