

APPLICATION FORM

Company Information (To be filled in block letters)

Company Name.....
 Company Representative 1 Designation
 Company Representative 2 Designation
 Address.....
 City..... State / Province
 Postal Code / Zip Code..... Country
 Telephone Mobile
 E-mail 1
 E-mail 2
 Website

Major Product Category

- | | | |
|---|--|---|
| <input type="checkbox"/> Hygiene and Sanitary | <input type="checkbox"/> Diagnostic Supplies | <input type="checkbox"/> Disinfectant Supplies |
| <input type="checkbox"/> Disposables | <input type="checkbox"/> First Aid and Care Products | <input type="checkbox"/> Healthcare & Wellbeing |
| <input type="checkbox"/> Home Medical Equipment | <input type="checkbox"/> Imaging & Diagnostics | <input type="checkbox"/> IT Systems & Solutions |
| <input type="checkbox"/> Laboratory Equipment & Supplies | <input type="checkbox"/> Medical Equipment & Devices | <input type="checkbox"/> Testing Instruments & Supplies |
| <input type="checkbox"/> Smart Medical Products | <input type="checkbox"/> Surgical Instruments | <input type="checkbox"/> Ayush & Herbal Supplies |
| <input type="checkbox"/> Certification Bodies | <input type="checkbox"/> Health Tourism | <input type="checkbox"/> Wellness Hotels-Resorts |
| <input type="checkbox"/> Facility Management | <input type="checkbox"/> Wireless Health & Mobile Health | |
| <input type="checkbox"/> Personal Protective Equipment (PPE) | <input type="checkbox"/> Hospital Equipment & Furniture | |
| <input type="checkbox"/> Preventive & Post-Diagnostic Treatment | <input type="checkbox"/> Pharmacy Supplies & Furniture | |

Company Type

- Private Limited Proprietor Partnership Public
 Others.....

Nature of Business

- Manufacturer / Exporter Merchant Exporter Importer Agent
 Testing & Certification Allied Services Trade Body Others.....

Company Profile (To be filled in block letters)

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Product Profile (To be filled in block letters)

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Company GST No. **Company PAN No**

Import Export Code

HS Code **CIN No.** **DIN No.**

Name to be listed on the Virtual Page / Booth

Supported by



India Pavilion Organised by



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Participation Cost

Special Subsidised Charges: INR 17,000 +18% GST	Participation cost includes: <ul style="list-style-type: none">• A dedicated Exhibitor Page with Virtual Booth• Upload company brochures, presentations and corporate videos, product video demos, Product Posters, etc.• Pre-fixed B2B Meetings through Zoom• 30 Product Display with Details• Real-time Chat with booth representatives• Exchange Business Cards• Request for a quote just like a real-time exhibition
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Bank Details

Account Name	Federation Of Indian Chambers Of Commerce And Industry (FICCI)
Bank Account No.	000 30350015219
IFSC/NEFT Code	HDFC0000003
Name of Bank	HDFC BANK LIMITED
Branch Address	G-3-4, Suryakiran Building, 19, Kasturba Gandhi Marg, New Delhi-110001
Account Type	Current

Important Notes:

- Participation will be accepted on first-come-first-served basis
- Submit Duly filled application form with 100% Payment before 01st February, 2022
- Bank Details for Payment by Cheque / DD / NEFT in favour of FICCI
- No refund will be available, if withdrawn for what-ever reason thereafter.
- Upon exhibitor consent, the organiser reserves the right to use company name and logo for promotional activities for MEcareX.
- The organiser reserves the right to edit the above information for placing the information in the e-Show Directory.

For participation & show information contact:

Aayush Jain • +91-8527871666 • Aayush.jain@ficci.com

Company Seal / Signature

Date