

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 | |

Nature of Business

- | | | | |
|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manufacturer / Exporter | <input type="checkbox"/> Merchant Exporter | <input type="checkbox"/> Importer | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Testing & Certification | <input type="checkbox"/> Allied Services | <input type="checkbox"/> Trade Body | <input type="checkbox"/> 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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Name to be listed on the Virtual Page / Booth

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Participation Cost

Special Subsidised Charges: USD 1000 + 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

Intermediary Bank details as under		Beneficiary Bank details as under	
Bank Name	: Wells Fargo Bank N.A. New York, (Formerly known as Wachovia Bank, N.A.)	Beneficiary Bank Name	: The Cosmos Co-Operative Bank Ltd.
Bank Branch	: 11 Penn Plaza, 4th Floor, New York, N.Y.-10001.	Beneficiary Bank Address	: 36/A, Maru Niketan, D. L. Vaidya Road, Dadar (W)
SWIFT Code	: PNB US 3NNYC	Beneficiary Bank A/c No.	: 0121001013271
		Beneficiary Swift Code	: COSD IN BB
Beneficiary Name	: Worldex India Exhibition & Promotion Pvt. Ltd.	Beneficiary Address	: 309, Parvati Industrial Premises, Sun Mill Compound, Mumbai-400013 India
Tel.	: +(91)-(22) 40376700/777	Fax	: +(91)-(22) 24962297

Important Notes:

- Participation will be accepted on first-come-first-served basis
- Submit Duly filled application form with 100% Payment before 01st February, 2022
- 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 More Enquiries Contact

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Company Seal / Signature

Date