

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

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

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Participation Cost

Special Subsidised Charges: INR 17,000 +18% GST	Participation cost includes: • 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 31st January, 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 Turkey.
- The organiser reserves the right to edit the above information for placing the information in the e-Show Directory.

For Participation & Show Information Contact

Ankur Singh • +91-88605 59553 • ankur.singh@ficci.com

Company Seal / Signature

Date