



Resolved to Solve

International Contract Pharma Association
8 - B Malcha Marg, Chanakyapuri
South West Delhi, Delhi – 110021
INDIA

www.incophas.org

Phone: +919871632688
director@incophas.org

CIN: U85300DL2021NPL385144

ICPA Membership Form

Company details

1. Name of Company _____
2. Registered Address
Number/Floor/Street /Building/ locality _____
City/Town _____
State/Province _____
ZIP code/Postal code _____
Country _____
3. Company Registration number provided by Registration Authority _____
(pl attach scan of document)
4. Company Goods & Service Tax Number _____
5. Website _____
6. Name of CEO _____ Official email _____
7. Name of Executive Assistant _____ Official email _____ Mobile _____
8. Name of alternate company representative for ICPA matters _____
Designation _____ Official email _____ Mobile _____
9. Phone Landline with country code _____
10. Number of employees _____
11. Turnover in INR / USD _____
12. Percentage Exports _____
13. Please list national. Regional, International Certification /Regulatory agencies that have approved the company.

14. Main area of business - Please tick as applicable.

- | | |
|--|--|
| <input type="checkbox"/> Drug Discovery Services & solutions | <input type="checkbox"/> Regulatory Services |
| <input type="checkbox"/> Preclinical services | <input type="checkbox"/> QA/QC Services |
| <input type="checkbox"/> Clinical services | <input type="checkbox"/> Logistics/Transportation |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Packaging |
| <input type="checkbox"/> Fill & Finish | <input type="checkbox"/> Equipment / Chemicals/ Other Supplies |
| <input type="checkbox"/> IT | <input type="checkbox"/> Infrastructure |
| <input type="checkbox"/> Project management | <input type="checkbox"/> Other Please specify _____ |

Declaration

I have read the Objectives of ICPA in the MOA (Annexure 1)

I have read the criteria for membership, the responsibilities and duties of ICPA members (Annexure 2)

And am in agreement with both.

Date _____

Place _____

Signed

Company Seal

Signatory Name _____

Designation. _____

Please share the Scan of the completed form by email director@incophas.org

Or WhatsApp +91 9871632688

On receipt and acceptance of the Application an invoice will be raised with method of payment and other details. ICPA may not accept the application without assigning any reason.

Annual Membership Fees: (Jan 1 - Dec 31) effective April 1 2023

For India-based entities GST 18% to be charged on reverse charge basis till further notice

Turnover Lakhs INR		
From	To	Annual fees
upto	1000	10,000
1000	2499	25,000
2500	4999	50,000
5000	7499	75,000
7500	9999	100,000
10000	Above	150,000

For foreign-based entities a uniform fees of 1500 USD will be charged