

**APPLICATION FOR ANNUAL MEMBERSHIP**

To  
**The General Secretary**  
Federation of Pharma Entrepreneurs  
236, Okhla Industrial Estate, Phase 3  
New Delhi 110020

Dear sir  
We hereby apply for annual membership of FOPE:

Name of the firm / company	
Constitution	Partnership / Public / Private
Date of incorporation	
Type	Large / Medium / SSI / LL
Registered office address	
Telephone nos.	
Fax	
Email	
Plant's address	
Telephone nos.	
Fax	
Email	
Nature of business / Products manufactured	
Drug Manufacturing License nos.	
No. of employees	Technical _____ Non-Technical _____

# FOPE<sup>®</sup>

## Federation of Pharma Entrepreneurs

Annual membership fee **Rs. 5000/-** payment details

**(in favour of Federation of Pharma Entrepreneurs (R) payable at New Delhi)**

Demand draft / Cheque / Pay order no., dated	
Bank	

Names of Directors / Partners / Proprietors

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Persons authorized to represent the firm: (only two persons)

Name	Specimen signature
1.	
2.	

Date

Director / Partner / Proprietor

Seal of the firm

**For office use only**

Scrutinized and found in order \_\_\_\_\_

**Authorized signatory, FOPE**