

Circular No. 2 of 2024

**F.No.31026/12/2024-Policy
Government of India
Ministry of Chemicals and Fertilizers
Department of Pharmaceuticals**

शास्त्री भवन, नई दिल्ली
Shastri Bhawan, New Delhi
Dated the 30th August, 2024

NOTIFICATION

Subject: Data Format in respect of Uniform Code for Pharmaceutical Marketing Practices (UCPMP) 2024-reg.

In exercise of the powers conferred by Para 14.1 of the Uniform Code for Pharmaceuticals Marketing Practices (UCPMP) 2024, the Department requires disclosure from pharmaceutical companies of particulars related to distribution of free samples and expenses incurred on Continuing Medical Education/ Continuing Professional Development/ Conferences/ Workshops/ Trainings/ Seminars etc. The format for such disclosure is annexed as **Annexure I**. The particulars are to be filled on an ongoing basis and mandatorily within two months of the end of every financial year on the UCPMP portal of the Department within the time limit fixed for submitting self-declaration under Para 14.4 of the Code.

Encl: As above

Yours sincerely

Palka
30/08/2024

(Palka Sahni)

Joint Secretary

Department of Pharmaceuticals

To

All Pharmaceutical Associations

UCPMP 2024 – Form for Disclosure of Marketing Expenditure

Form for furnishing return in respect of the Uniform Code for Pharmaceutical Marketing Practices 2024



All fields are mandatory

Company Information

1. (a) Corporate Identity Number (CIN)/Foreign Company Registration Number (FCRN)

(b) Name of the Company

(c) Address of the registered office of the company

(d) Email ID of the company

(e) Permanent Account Number (PAN) of the company

2. Return for the Financial Year

3. Particulars to be filled by Companies in pursuance to UCPMP 2024:

(A) Free Samples Distributed

Month/Year	Monetary Value of Sample Packs (in ₹)	Number of Recipient Healthcare Professionals	Domestic Sales Revenue (in ₹ Crores)

(B) Continuing Medical Education/ Continuing Professional Development/ Conferences/Workshops/ Trainings/Seminars etc. organized directly by the pharmaceutical company.

Month/Year	Total no. of events	Expenditure* incurred (in ₹ lakhs)

(C) Continuing Medical Education/ Continuing Professional Development/ Conferences/ Workshops/ Trainings/Seminars etc. organized through third party including associations/bodies etc.

Date of the Event (dd/mm/yyyy)	Location of the Event	Name of the Organizers	Expenditure* incurred (in ₹ lakhs)

* Note: Expenditure includes all expenses incurred for the event including sponsorship, travel, lodging, hospitality, advertisements, stalls, souvenirs, etc.

Declaration:

1. I have read UCPMP Code-2024 and the information furnished is in compliance of the Code.
2. It is hereby declared that the information given in the form and attachments is true to the best of my knowledge and belief.

To be digitally signed by

DSC Box

Designation

Director identification number (DIN) or PAN of the Executive Head of the Company

Note: Information submitted will be handled in accordance with the provision for disclosure of third-party information as provided under the RTI Act.**Mobile:****Email id:****Note: Attention is drawn to the provisions of section 405 of the Companies Act, 2013 which provides for punishment for any information which is incorrect or incomplete in any material respect.**

For office use only:

eForm Service request number (SRN)

eForm filling date (DD/MM/YYYY)