

Annexure
{See clauses 5.2.2(vi) and 14.3}
Form for disclosure of marketing expenditure and furnishing of return in respect of the
Uniform Code for Marketing Practices in Medical Devices (UCMPMD) 2024

All fields are mandatory

Company/entity information:

1. (a) Corporate Identity Number (CIN) /
Foreign Company Registration Number (FCRN):
- (b) Name of the company/entity:
- (c) Address of the registered office of the company/entity:
- (d) Email address of the company/entity:
- (e) Permanent Account Number (PAN) of the company/entity:
2. Return for the financial year:
3. Domestic sales revenues (in crore ₹):
4. Particulars to be filled by the company/entity:

Particulars	Expenditure incurred** (in lakh ₹)	Number of recipient healthcare professionals
Free evaluation samples distributed (monetary value of sample packs):		
Particulars	Expenditure incurred** (in lakh ₹)	Number of events
Education programmes* organised directly by the company/entity:		
Education programmes* organised through third parties, including associations/bodies, etc.:		
Remarks/comments/notes detailing the methodology adopted for calculating the expenditure figures disclosed above:		
List of locations where above events were organised, along with the number of events organised at each location:		

*Education programmes include continuous medical education / continuing professional development, conferences, workshops, trainings, seminars etc.

****Expenditure** includes all expenses incurred for the event, including sponsorship, travel, lodging, hospitality, advertisements, stalls (including payment directly made to third-party vendors), souvenirs, etc. For expenditure valuation, in case of in-house production, the price to stockist to be used and in case of third-party manufacturing, the purchase price is to be used.

Declaration (to be digitally signed by affixing the digital signature certificate):

1. I declare that I have read the UCMPMD Code 2024 and the information furnished in this form is in compliance with the said Code.
2. I further declare that the company/entity has complied with and shall continue to abide with the provisions of the said Code and shall extend all the required assistance to the authorities for its implementation.
3. I further declare that the information given in this form is true to the best of my knowledge and belief.

Digital signature certificate:

Designation:

Director identification number (DIN) or PAN of the executive head of the company/entity:

Mobile:

Email address:

For office use only:

eForm Service request number (SRN):

eForm filling date (DD/MM/YYYY):
