 **UCMPMD 2024 – Form for Disclosure of Marketing Expenditure**

**Form for furnishing return in respect of the Uniform Code for Marketing Practices in Medical Devices (UCMPMD) 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. Domestic Sales Revenue (in ₹ Crores):

4. Particulars to be filled by Companies in pursuance to UCMPMD (2024):

(A) Free Samples Distributed (more than 1000 Rs.)

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

(B) Continuing Medical Education / Continuing Professional Development/ Conferences / Workshops/ Training/ Seminars etc. organized directly by the Medical Devices Company

|  |  |  |  |
| --- | --- | --- | --- |
| **Month/ Year** | **Total No. of events** | **Type of Event** | **Expenditure \* incurred (in ₹ lakhs)** |
|  |  |  |  |
|  |  |  |  |

(C) Continuing Medical Education/ Continuing Professional Development/ Conferences / Workshops/ Training/ 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** | **Type 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 in this form is in compliance with 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

Name

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 within limitation of Section 11.**

**Mobile: Email id:**

**For office use only:**

 eForm Service request number (SRN)

 eForm filling date (DD/MM/YYYY)