

# HYDERABAD PHARMACEUTICAL CONGRESS COMMITTEE

24-88/36/1, East Anand Bagh, Malkajgiri,  
HYD, TELANGANA, 500047



+91 994-966-1821  
+91 905-237-7628

## HPCC Membership Form PROFFESIONAL/STUDENT INFORMATION

_____	_____
Name (Last, first, middle initial)	Date
_____	_____
Street address, City, ST, ZIP Code	Blood group
_____	_____
Primary phone number   Other phone number	Date of birth
_____	_____
	Email address

### Type of Membership

- Professional Lifetime       Student Lifetime       Re – Application

Please enter the Company/College/Institution/Organization (Name; Designation/Course, Verification certificate, alternative communication, or Address etc.) **in detail.**

[Note: If this is an alternative communications request, please list alternative location/address for receiving HPCC updates information below.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list HPCC council members that were contacted regarding membership:

_____	_____
Name	Date

_____	_____
Name	Date

_____	_____
Signature of the applicant along with thumbprint	Date

### For Administrative Use Only:

_____	_____
Social security/Membership ID	Date received

_____	_____
HPCC CARD No.	Date

_____	_____
CHIEF OPERATING OFFICER signature	Date

Attach additional documentation, if applicable.

A Wholly owned part of **TELANGANA PHARMACEUTICAL COMMITTEE**



HPCC-MEM-3009



## CONDITIONS

- **He/she should be from the field of pharmacy.**
- Membership card will be provided after the complete payment of membership, in median membership number will be provided for any initial purpose.
- **He/she should submit the membership card to apply for council member.**
- Concession on events, congress and co-organised events are subject to change without any prior notice from the executive committee.
- Membership fee is non-transferable and non-refundable.
- **Any misuse of membership can lead to cancellation of membership from HPCC.**
- Concession and membership privilege can only be availed if and only He/she hold a membership card
- Terms and conditions are subject to be changed without prior notice.



## PAYMENT PROCEEDINGS

All the payments should be done in the name of **TELANGANA PHARMACEUTICAL COMMITTEE**

### PAYMENT METHOD:

Cash(INR)

Cheque (CTS/non CTS)

Demand Draft

### BANKING DETAILS:

- A/C NAME: TELANGANA PHARMACEUTICAL COMMITTEE
- A/C NO: 62451365467
- CIF: 72237569686
- IFSC: SBHY0021975
- BRANCH: ANANDBAGH, MALKAJGIRI

**\*IF CASH, MENTION THE RECEIPT NO. AND THE HPCC COUNCIL MEMBER NAME TO WHOM THE CASH WAS HANDED OVER**

NAME OF THE HPCC COUNCIL MEMBER	AMOUNT DEPOSITED (INR)	RECIPT NO.

For further queries, please mail us at- [enquiry@hpcc.in](mailto:enquiry@hpcc.in)

For financial queries, please mail us at- [finance@hpcc.in](mailto:finance@hpcc.in)



## DECLARATION

I hereby declare that, I accept all the terms and conditions and agree to be a member of [HYDERABAD PHARMACEUTICAL CONGRESS COMMITTEE](#).

Name

Signature of the applicant

Chief operating officer, HPCC with official seal