



Chamber of Pharma

Chamber of Pharma Entrepreneurs

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MEMBERSHIP FORM

1. Company Name

2. Address in Kerala

.....

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3.

Proprietorship		Partnership		Pvt Ltd Company	
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4. Name of Managing partner / Managing Director

5. Mobile:

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 email Id:.....

6. Name of Partners/Directors with mobile No

a).....

b).....

c).....

d).....

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7. Name of Trademark Brands (either TM or REGISTERED)

- 1. 3.
- 2. 4.

8. Year of establishment

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 8. Name of the division if any

9 Operating any other state, if Yes names of the state.....

Name of the applicant.....Designation.....Signature