



INDIAN CHAMBER OF COMMERCE

ICC Healthcare Delegation to Bangladesh

28th to 30th September, 2024

Participation Form

Name of Chief of the Organization:			
Mobile No:		Email:	
Name of the Visiting Representative			
Mobile No:		Email:	
Designation:			
Company Name:			
Address			
GSTIN:		IEC Number (if any)	
Company Information (within 150 Words) and logo	<i>Please send separately in ms-word format and logo in .jpeg or .png or .ai</i>		
Service / Product Information			
Focus areas for B2Bmeetings / tie-up			
Affiliation to any Industry Association (if any)			
Interested for ICC Membership (<i>Not Mandatory. Please ignore if you are already a Member of ICC</i>)			
Name as per Passport			
Passport Number		Place of Issue	
Date of Issue		Date of Expiry	
I Agree to the Terms of Participation: _____			
PAYMENT DETAILS			
1. Amount: _____			
2. Payment to be made by NEFT / RTGS in favour of "Indian Chamber of Commerce"			
3. UTR No. Date Amount			

Signature

Company Seal

Date: