

## 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. Particulars to be filled by Companies in pursuance to UCMPMD 2024:

(A) Free Evaluation Samples Distributed

Month/Year	Monetary Value of Evaluation Samples (in ₹)	Number of Recipient Healthcare Professionals	Domestic Sales Revenue (in ₹ Crores)

(B) Continuing Medical Education/ Continuing Professional Development/ Conferences/Workshops/ Trainings/Seminars etc. organized directly by the medical devices company.

Month/Year	Total no. of events	Expenditure* incurred (in ₹ lakhs)

(C) Continuing Medical Education/ Continuing Professional Development/ Conferences/ Workshops/ Trainings/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	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 UCMPMD Code-2024 and the information furnished is in compliance of 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

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.**

**Mobile:**

**Email id:**

**Note: Attention is drawn to the provisions of section 405 of the Companies Act, 2013 which provides for punishment for any information which is incorrect or incomplete in any material respect.**

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**For office use only:**

eForm Service request number (SRN)

eForm filling date (DD/MM/YYYY)