



DRUG DATABASE



MEMBER SUBSCRIPTION FORM *

NAME OF FIRM												
ADDRESS:												
CONTACT PERSON	Mr/Ms.								Pin			
STD Code	0	1	1	Tel. Number								USER ID
STD Code:	0	1	1	Tel. Number								DL.NO.
Mobile No.												Email

A. TELEPHONIC Helpline 9 am To 9 pm *	B. INTERNET Helpline 24x7 *	C. SMS Helpline 24x7 *																
CHQ. NO./ AMT./BANK NO CASH PAYMENTS ACCEPTED																		
MEMBERSHIP PERIOD (1 Year)	FROM	D	D	M	M	Y	Y	Y	Y	TO	D	D	M	M	Y	Y	Y	Y

* conditions apply

Authorised Signatory / Stamp
Dated :

.....CUT HERE.....

Acknowledgement

AIOCD AWACS	MEMBER SUBSCRIPTION FORM *	PHARMA SOLUTIONS																
NAME OF FIRM																		
Contact Person : Mr/Ms.									USER ID:									
Mobile No.												DL. NO						
A. TELEPHONIC Helpline 9 am To 9 pm *	B. INTERNET Helpline 24X7 *	C. SMS Helpline 24X7 *																
CHQ. NO./AMT./BANK NO CASH PAYMENTS ACCEPTED																		
MEMBERSHIP PERIOD (1 Year)	FROM	D	D	M	M	Y	Y	Y	Y	TO	D	D	M	M	Y	Y	Y	Y
Auth. Signatory Pharma Solutions	Dated																	
TELEPHONIC HELPLINE 45184422 (30 LINES); INTERNET HELPLINE: phelpline.com; SMS HELPLINE 9212010011																		
SMS QUERY: For brand query type BtoG space Brand name in message box and send to 9212010011 and For generic query type GtoB space generic name in message box and send to 9212010011																		
PHARMA SOLUTIONS 120, Jaina Tower 1, District Centre, Janak Puri, New Delhi-110058																		
Phone: 25552444(Admin) E mail: pharma_solutions@hotmail.com Web: www.phelpline.com * conditions apply																		
Mandatory A. 1100/- P.A. Optional B. 400/- C. 600/- P.A.																		