



32nd Annual Conference of Glaucoma Society of India

Hyatt Regency Pune, Oct 6-8, 2023



Dated:- _____

Trade Participation Form

It is mandatory to fill this form whenever any payment is made

Name of company	
Purpose of Payment	
Base amount	
GST	
TDS Deducted	
Net Amount paid	
Name, designation and contact number of concerned person	
GST details	
Any specific requirement of INVOICE	
Details of Payment – Online / Cheque/DD with Details	
Any other information	

Paid Amount (in word):- _____

Authorized Signatory

1. **WHEN YOU MAKE ANY PAYMENT, PLEASE FILL THE FORM ATTACHED AND SEND TO** Dr. Manav Deep Singh, Secretary, Glaucoma Society of India, singh_md@yahoo.com, with cc to secretary@glaucomasociety.in:
 - i) Name of company
 - ii) Net Amount paid with following details:-
Base amount, , TDS Deducted Purpose of payment
 - iii) Company address
 - iv) Name, designation and contact number of concerned person
 - v) your GST details
 - vi) Any specific requirement of INVOICE or simple receipt from official receipt book will work
 - vii) any other information you feel necessary