EXPORT PROMOTION COUNCIL FOR EOUS AND SEZS

Ministry of Commerce, Government of India 8G, Hansalaya Building, 15, Barakhamba Road, New Delhi-110001 Tel: 23329766-69 Fax No.011-23329770

E-mail: epces@epces.in Website: www.epces.in

Anand Giri Deputy Director Mobile: 9968248726 No.EPC/SEZ/AM04/A.14 May 26, 2016

ALL EPCES MEMBERS

Dear Members,

Sub: Participation in Expo Medical, 14th International Show for Products, Services & Equipment for the Healthcare Sector – 28 to 30th September, 2016 at Costa Salguero Exhibition Centre – Buenos Aires, Argentina

Ministry of Commerce & Industry has approved the Annual Action Plan of Export Promotion Council for EOUs and SEZs (EPCES) for the year 2016-17 for participation in trade fairs and exhibitions abroad.

In this regard, Export Promotion Council for EOUs and SEZs (EPCES), along with its members, is participating in the forthcoming Expo Medical, 14th International Show for Products, Services & Equipment for the Healthcare Sector. The Fair will be held from 28 to 30th September, 2016 at Costa Salguero Exhibition Centre – Buenos Aires, Argentina.

EPCES will provide stalls to the participants at subsidized rates under Market Access Initiative (MAI) Scheme. The eligibility criteria for availing subsidy on stalls is that the participant must be having a valid Importer-Exporter Code (IEC) number.

The subsidized participation charges for a 6 sq. mtrs built up stall are Rs. 1,00,000/- per participant. Participants have to bear their own airfare and stay charges separately. Units holding valid IEC are eligible for MAI benefits.

ExpoMedical is a major multi-sectoral healthcare event that annually connects the healthcare centres and medical importers & distributors with the medical industry.

With buyers from all over South America, their commercial and business focus provides the exhibitors the right platform to expand their exports to the Region.

At the fair, experts are meeting from home and abroad in the fields of Service and equipment concerning healthcare sector.

Seminars, Conferences and Congress, organized by the most prestigious associations, will take place together with ExpoMEDICAL, in 8 conference rooms located strategically inside the venue, focusing in Buenos Aires all the attention of the Healthcare Sector.

The World Healthcare Organization, the Panamerican Healthcare Organization, the Argentine Medical Association as well as the Argentine Private Hospitals Association and the Argentine Chamber of Importers and Distributors of Medical Equipment, among many others, will organize first class seminars with an expected attendance of 5.000 professionals.

There will be 200 exhibitors, 16000 attendees from all over South America, 15 participating countries. The area of the fair ground is 11000 SQM.

Products covered in this Fair are:-

- Hospital equipment
- Medical consumer goods
- Diagnostics
- Laboratory equipment
- Disposables
- Orthopedics
- Electromedicine
- Emergency and Rescue
- Monitoring
- Medical Technology
- Surgery equipment
- Communications and IT
- Traumatology
- Medicines and Hospital pharmacy
- Home health care
- Physical therapy
- Aesthetics
- Radiology etc

We request you to kindly take advantage of this opportunity by participating in the said fair and also avail the benefits of MAI Scheme. Interested Members may send their confirmations along with duly filled Registration Form enclosed, to EPCES at Email: epces@epces.in. Kindly treat this as most urgent.

With warm regards,

Yours Sincerely,



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EPCES Participation in ExpoMedical 14th International Show from 28th to 30th September, 2016 at Buenos Aires, Argentina under MAI Scheme

PROVISIONAL SPACE APPLICATION FORM

Name of the Company:				
Address				
Tel	Fax	E-ma	i1	
Mobile:	Website:			
IEC Code No: (Mandatory)):			
HS Code of Exhibit Produc	ts:			
DIN Nr / PAN Nr of Direct	cor/Proprietor :			
Member: EPCES/ Other E)
Details of Items being exhib				
Please mention the name yo	ou like to appear on th	e fascia of your s	tand (in capital letters)	
Space to be Booked (9 sqm	or in Multiples of 9 sq	m)		
Brief profile to be printed in	n the exhibition broch	ure (100 words m	ax.): Kindly use extra	sheet
Remittance details (Den	nand Draft):			
Amount [Demand Draft No		_Date	
Name of the Drawing Bank	-			
-				
is only a provisional space ap	oplication form and su	bject to confirma	tion.	
	Signature of Au	thorized signato	ry	
	Name & Desig	nation		
	Company Seal			
	Tel	Address TelFax	TelFaxE-mai Mobile:Website:	Address

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DETAILS OF REPRESENTATIVES ATTENDING EXHIBITION

Company Name	:
Name of Representa	ative:
Designation:	
Passport Details:	
Passport No	:
Place of Issue	:
Date of Issue	:
Date of Expiry	:
Name of Representa	ative:
•	ative:
•	
Designation:	
Designation: Passport Details:	
Designation: Passport Details: Passport No	······································
Designation: Passport Details: Passport No Place of Issue	: