Annexure

{*See* clauses 5.2.2(vi) and 14.3}

Form for disclosure of marketing expenditure and furnishing of return in respect of the Uniform Code for Marketing Practices in Medical Devices (UCMPMD) 2024

All fields are mandatory

1. Company/ entity Information

a) Corporate Identity Number (CIN) / Foreign Company Registration Number (FCRN):	U33110MH2004PTC144317
b) Name of the company/entity:	Getinge Medical India Private Limited
c) Address of the registered office of the company/entity:	9th Floor, Ewing, Times Square Building, Marol Naka, Andheri Kurla Road Mumbai, MH, India 400059.
d) Email address of the company/entity:	prayag.tarade@getinge.com
e) Permanent Account Number (PAN) of the company/entity:	AADCM8545J

2. Return for the Financial Year	2024-25
3. Domestic sales revenues (in crore ₹):	419.87

4. Particulars to be filled by the company/entity:

Particulars	Expenditure incurred** (in lakh ₹)	Number of recipient healthcare professionals
Free evaluation samples distributed (monetary value of sample packs):	9.27	31
Particulars	**Expenditure incurred** (in lakh ₹)**	**Number of events**
Education programmes* organised directly by the company/entity:	8.81	5
Education programmes* organised through third parties, including associations/bodies, etc.:	151.62	60
Remarks/comments/notes detailing the methodology adopted for calculating the expenditure figures disclosed above:	Free evaluation samples are at purchase price.	

List of locations where above events were organised, along with the number of events organised at each location: Location (count)				
	Ahmedabad 2	Bangalore 7	Bareilly 1	Bhubaneshwar 1
	Chandigarh 1	Chennai 7	Cochin 4	Coimbatore 2
	Delhi 5	Faridabad 1	Gurugram 4	Hyderabad 3
	Jaipur 2	Karad 1	Kochi 1	Kolkata 4
	Kottayam 1	Manglore 1	Mohali 1	Mumbai 2
	Nagaon 1	Nagpur 1	Nashik 1	New Delhi 3
	Noida 1	Puducherry 1	Pune 1	Solapur 1
	Thailand 1	Thane 1	Thrissur 1	Trichy 1

*Education programmes include continuous medical education / continuing professional development, conferences, workshops, trainings, seminars etc.

**Expenditure includes all expenses incurred for the event, including sponsorship, travel, lodging hospitality, advertisements, stalls (including payment directly made to third-party vendors), souvenirs, etc. For expenditure valuation, in case of in-house production, the price to stockist to be used and in case of third-party manufacturing, the purchase price is to be used.

Declaration (to be digitally signed by affixing the digital signature certificate):

1. I declare that I have read the UCMPMD Code 2024 and the information furnished in this form is in compliance with the said Code.
2. I further declare that the company/entity has complied with and shall continue to abide with the provisions of the said Code and shall extend all the required assistance to the authorities for its implementation.
3. I further declare that the information given in this form is true to the best of my knowledge and belief.

Digital signature certificate:	ARUNA GOPALKRISHNA NAYAK Digitally signed by ARUNA GOPALKRISHNA NAYAK Date: 2025.09.23 12:36:57 +05'30'
Designation:	Managing Director
Director identification number (DIN) or PAN of the executive head of the company/entity:	09475108

Mobile:	74000 59991	**Email address:**	prayag.tarade@getinge.com

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For office use only:

eForm Service request number (SRN):	
eForm filling date (DD/MM/YYYY):	

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