

World Health & Wellness EXPO 2024

95820 82456

EXHIBITOR DETAILS

Name on Facia : Name of Momento :

PRODUCTS/ SERVICES PROFILE FOR EXHIBITOR'S GUIDE (50 WORDS ONLY)

[illegible]

INVOICE COMPANY CREDENTIALS

Billing Name :

Mobile No : Phone :

Billing Address :

Name as per the PAN Number:

PAN No. : TAN No. :

RATE CHART

Stall Size	Area in Sq. Mtrs.	Shell Space Amount
6X6	36	Rs. 3,67,200
6X3	18	Rs. 1,94,400
3X3	09	Rs. 72,000

MSME CONSIDER 3X3 SPACE ONLY FOR REIMBURSEMENT

All Payments to be made in the favour of **“Navjeevan Consultancy and Services”**

Bank Details

Name of Bank - **ICICI Bank** A/C No. - **007105007417** Account Type - **Current**
Branch Name - **Green Park, New Delhi** IFSE Code - **ICIC0000071** MICR Code - **110229009**

GST No. - 07AANFN7987J2ZA

PAN No. - AANFN7987J

PAYMENT SCHEDULE

- Booking Amount -50% at the time of booking
- Full & Final Payment -Before 28th March, 2025

Name and Designation : _____

Date : Signature with Stamp _____