

## 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

#### **Company/entity Information:**

U33112TN1987PTC014641

1. (a) Corporate Identity Number (CIN)/  
Foreign Company Registration Number (FCRN) :

(b) Name of the Company/entity:

AIR LIQUIDE MEDICAL SYSTEMS PRIVATE LIMITED

(c) Address of the registered office of the  
company/entity:

Campus Tek Meadows, 5th Floor, Tower B, No.51, Rajiv Gandhi Salai,  
Sholinganallur, Chennai 600 119, Tamil Nadu

(d) Email address of the company/entity:

sales.ecss@airliquide.com

(e) Permanent Account Number (PAN) of the company/entity:

AAACE8420F

2. Return for the Financial Year:

2024-2025

3. Domestic sales revenues (in crore ₹) :

(24- 25) 47 Crores

4. Particulars of 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)	Not Applicable	Not Applicable	
Particulars	Expenditure incurred** (in lakh ₹)	Number of events	
Education programmes* organised Directly by the company/entity:	Not Applicable	Not Applicable	
Education programmes* organised through third parties,including associations/bodies,etc.:	<b>24.67 Lacs</b>		
Remarks/comments /notes detailing the methodology adopted for calculating the expenditure figures disclosed above:			
List of locations where above events were organised, along with the numbers of events organised at each location:	Location of the Event	Name of the Oraanizers	No. of Events
	BOB 2024, Pune	ISCCM, Pune	01
	IFCCI, Delhi	Indo - French Healthcare Conference	01
	ISACON, Delhi	ISACON, Delhi	01
	ISNACC, Trivandrum	ISNACC 2025, Trivandrum	01
ISCCM, Kochi	CRITICARE 2025, Kochi	01	

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

\*\*Expenditure includes all expenses all incurred for the events, 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 stocklist 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 UCMFMD 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**

**Designation:**

Managing Director

**Director identification number (DIN) or PAN of the**

**Executive head of the company/entity:**

08272551

**Mobile :**

9831677071

**Email address:**

kumar.anil@airliquide.com

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**For office use only:**

eForm Service request number (SRN):

eForm filling date (DD/MM/YYYY):