

Annexure

Self-Declaration by the Executive Head of the Company Regarding Compliance to the Uniform Code for Marketing Practices in Medical Devices, to be made within two months of the end of every financial year:

“This is to declare that CMR Surgical India Pvt Ltd headquarters at Ackruti Corporate Park, Kanjurmarg West, Mumbai, Maharashtra has complied with the provisions laid down in the Uniform Code for Marketing Practices in Medical Devices for the financial year 2024-25”

“This is to further undertake that CMR Surgical India Pvt Ltd headquarters at Ackruti Corporate Park, Kanjurmarg West, Mumbai, Maharashtra will continue to abide by the provisions of the Uniform Code for Marketing Practices in Medical Devices and with extend all required assistance to authorities for the enforcement of this Code.”

Electronically signed by: Sukanya Purumu
Reason: As one of the reviewers for this

Sukanya Purumu, I approve this document for
Date: Jul 30, 2025 17:36:13 GMT+5.5

Sukanya Purumu
Marketing Specialist
CMR Surgical India
Pvt Ltd

UCMPMD 2024 – Form for Disclosure of Marketing Expenditure



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

All fields are mandatory

Company Information

U51909MH2019FTC433998

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

(b) Name of the Company

CMR Surgical India Pvt Ltd

(c) Address of the registered office of the company

Ackruti corporate Park, Kanjurmarg west, Mumbai, Maharashtra

(d) Email ID of the company

Complianceindia@cmrsurgical.com

(e) Permanent Account Number (PAN) of the company

AAHCC9403D

2. Return for the Financial Year

3. Particulars to be filled by Companies in pursuance to UCMPMD 2024:

(A) Free Evaluation Samples Distributed

Month/Year	Monetary Value of Evaluation Samples (in ₹)	Number of Recipient Healthcare Professionals	Domestic Sales Revenue (in ₹ Crores)
NA	NA	NA	NA

(B) Continuing Medical Education/ Continuing Professional Development/ Conferences/Workshops/ Trainings/Seminars etc. organized directly by the medical devices company.

Month/Year	Total no. of events	Expenditure* incurred (in ₹ lakhs)
NA	NA	NA

(C) Continuing Medical Education/ Continuing Professional Development/ Conferences/ Workshops/ Trainings/Seminars etc. organized through third party including associations/bodies etc.

Date of the Event (dd/mm/yyyy)	Location of the Event	Name of the Organizers	Expenditure* incurred (in ₹ lakhs)
19/04/2024	Goa	MGB-OAGB	539230/-
03/05/2024	Nashik	VR Nagarkar foundation	1132731/-

* Note: Expenditure includes all expenses incurred for the event including sponsorship, travel, lodging, hospitality, advertisements, stalls, souvenirs, etc.

Date of the Event(dd/mm/yyyy)	Location of the event	Name of the organizers	Expenditure*incurred (in INR lakhs)
27/06/2024	Delhi	FALS-Max	840000/-
10/08/2024	Delhi	RoboGyn	660920/-
15/08/2024	Hyderabad	AMASICON	1360470/-
31/08/2024	Chennai	AICRS	1932120/-
17/08/2024	Kholapur	KCC live case at ASI	129800/-
29/08/2024	Chennai	APAGE	1108000/-
20/09/2024	Chennai	TAPASUCON	802200/-
01/09/2024	Kolkata	IMA ILS	100000/-
27/09/2024	Indore	HSICON	951432/-
23/10/2024	Kolkata	WCES- Global Budget	5459366/-
08/11/2024	Mumbai	Apollo Cancer Conclave	1428958/-
04/12/2024	All India	Video shoot-Testimonials	141485/-
09/01/2025	Chennai	USICON	3116810/-
06/02/2025	Kholapur	KCC live case at MASICON	279660/-

Declaration:

1. I have read UCMPMD Code-2024 and the information furnished is in compliance of the Code.
2. It is hereby declared that the information given in the form and attachments is true to the best of my knowledge and belief.

To be digitally signed by

Sukanya Purumu

Electronically signed by: Sukanya Purumu
Reason: As one of the reviewers for this document, I
approve this document for release
Date: 31.03.2025 17:36:13 GMT+5.5

DSC Box

Designation

Marketing Specialist

Director Identification Number (DIN) or PAN of the Executive Head of the Company

06381955

Note: Information submitted will be handled in accordance with the provision for disclosure of third-party information as provided under the RTI Act.

Mobile:

Email id:

Note: Attention is drawn to the provisions of section 405 of the Companies Act, 2013 which provides for punishment for any information which is incorrect or incomplete in any material respect.

For office use only:

eForm Service request number (SRN)

eForm filling date (DD/MM/YYYY)