

Bihar's 01st Mega Medical Exhibition On Health

BIHAR'S EXHIBITION CENTER GYAN BHAWAN, PATNA

www.wellexyfoundation.com

11-12-13 FEBRUARY / 2022



Registration deadline 31st December 2021

Organiser Communication Address: -

Wellexy Charitable Foundation CIN No.: U85300BR2021NPL052982 Flat No: 302, 03 rd Floor, Hira Niketan, Kaliket Nagar, Back Side Of Vatika Premier Hotel, Bailey Road, IOCL PipeLine Building, Danapur- Patna. Pin: 801503, Bihar Base Line: 0612 3553356 Contact +91 9431004366/ 9431001455/ 9431011006







Bihar Medical Expo-2022 Bihar Medical Expibition On Health Bihar Medical Exhibition On Health



Organised by:

Wellexy Charitable Foundation

Date: 11 12 13 February 2022

Venue: Gyan Bhawan (Multipurpose Hall), Gandhi Maidan, Patna- Bihar





State Health Society **Department of Health** Government of Bihar

Institutional Associate's





Knowledge Associate's





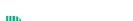








Bihar Medical Services & Infrastructure Corporation Ltd.



Co-Patron Associate's



Application as : Brand Exhibitor	Co-Exhibi	tor D	atinum-E	vhihitor [\neg			
Gold Exhibitor	Silver Exh		ssociate E	_	 			
Please complete the form in capital lettering Please send to original form to: Organiser Wellexy Charitable Foundation Flat No: 302, 03 rd Floor, Hira Niketan, Kaliket Nagar, Back Side Of Valika Premier Hotel, Bailey Road, IOCL PipeLine Building, Danapur- Patna. Pin: 801503, Bihar Base Line: 0612 3553356 Contact +91 9431004366/ 9431001455/ 9431011006 Email: wellexyfoundation@gmail.com		Healthcare Private Limited, Ind	lia only:	istration dead		Bihar's 01st N BIHAR'S GYAN BH	ellexyfoun Mega Medical EX EXHIBITIO HAWAN, PA	2 0 2 2 2 2 2 2 2 2 3 3 3 4 4 3 4 5 5 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7
1. Legal name and address		3.	Owner c	ontact detai	s*			
								M F
Company Name		Nai	me					
Address		Des	signation (CMD) / MD / Director	Partner / Pro	prietor)		
		Mo	bile					
Post Code City	Country	E-N	Mail					
Phone Fax			4. Exhib	oition admin	istration co	ontact detail	s*	
E-Mail			Name					M
Internet/Website								
Our parent company is located (country)			Designation					
2. Company registration details*			Mobile					
company registration details		☐ Yes ☐ No	E-Mail		-			
Registered Company			5. Appl	ication fo	stand s	pace		
Registration No. City			The foll		der according	to our Hall Layo		aken into account
GSTIN			Area in m²a	рргох	Width in n	metres max.	Depth min.	in metres
						max		
		;	Maximum heig	ht limit bare spa	ce 3 meter •	No construction	n allowed in she	ll scheme
		_ *	Mandatory					
Legal (corporate) structure								
	for all a li	d T (D)		ull Bl. o.	11 14 5		, p:1	
By signing this application we accept as binding the Condition The place of performance and jurisdiction for all mutual obl								place of business.
		<u></u> м □ г						
Name of the signatory								

Company stamp and legally binding signature

Designation

Date

Place
* Mandatory

	Application as: Brand Exhibitor Co-Exhibitor Gold Exhibitor Silver Exhibitor Please complete the form in capital lettering Please re-enter details Company Post Code, City	Platinum-Exhibitor Associate Exhibitor Www.wellexyfoundation.com Bihar's 01st Mega Medical Exhibition On Health BIHAR'S EXHIBITION CENTER GYAN BHAWAN, PATNA (BIHAR) 11-12-13 FEBRUARY 2022
6.	Invoicing	7. Exhibitors
(A)	Electronic invoicing: (General Terms of Participation) We would like to receive Wellexy Pharma & Healthcare Private Limited Booking Form electronically via e-mail as PDF attachments. For GST regulatory reasons invoices will always be issued to the exhibitor The exhibitor guarantees proper invoice processing by the recipient. Please send the electronic invoice to us at the following e-mail address: via e-mail to wellexypharma@gmail.com or wellexyexpo@gmail.com or Invoicing by mail: We prefer receiving the booking form by mail or by hard copy on postal address of Wellexy Pharma & Healthcare Private Limited. For GST regulatory reasons invoices will always be issued to the exhibitor.	A Government's Health & Medical Organizations B Pharmaceuticals Companies C Medical Device/ Equipment's Companies D Medical Surgical Consumables Companies E Diagnostics & Laboratory Equipment's Companies F Bio-chemistry Companies G Radiology & Imaging Solutions Industry H Physiotherapy & Orthopaedic Consumables Companies Reputed Private Hospitals D Medical Laboratory Service Providers K Hospital Furniture Industry Medical IT Industry Medical Tourism Industry Medical Health Insurance Industry
C	Company Company	Member of the following trade associations: 8. Comments
	GSTIN Street	

**The basic entry in the Brochure and on the Website includes company name, address, and contact information, as well as the main area of presentation mentioned. You will receive additional catalogue from Wellexy Pharma & Healthcare Private Limited after submssion of Payment.

Post Code

Country

City

^{*} Mandatory



11-12-13 FEBRUARY / 2022

GYAN BHAWAN GANDHI MAIDAN, PATNA

BOOTH NO.

www.wellexyfoundation.com

arising there from.

COMPULSORY MANUAL FORMS

Below form must be completed and returned by every Exhibitor

FASCIA NAME: Concerned exhibitors are requested to indicate here below the name, which they require on the fascia. This will be provided on front fascia of the booth with White standard Cut-out lettering in ENGLISH ALPHABETS. Please use block letters only, Logos may no t be allowed on the fascia. If the concerned exhibitor fails to submit this form within the deadline date, the organizer will have no option but to incorporate on the fascia the name of the company on which the stand is contracted.

THE FOLLOWING NAME IS TO APPEAR ON THE FRONT FASCIA OF OUR BOOTH

SHOW CATALOGUE ENTRY: Each contracted stand in the exhibition is entitled to a free insertion of not more than 50 words in the Show Directory, describing the company's products/services. Exhibitors are encouraged to use their full 50 words but should not exceed this limit. The Organizers will not be held responsible for any error

_	ng copy i.e. no paragraph headings, capita	cases throughout.The text should not be present al letters at random, italics, bold printed,
NAME OF EXHIBITI	NG COMPANY (as it will appear in the dire	rectory): BOOTH NO
This to be listed und	der the alphabetical order	
Address :		
Tel:	Email :	Web:
	as binding the Conditions of Participation and the Terms of Business as issue ction for all mutual obligations is Patna, Bihar or at the request of Wellexy Ph	
	ction for all mutual obligations is Patna, Bihar or at the request of Wellexy Ph	ed by Wellexy Pharma & Healthcare Private Limited, Patna, Bihar harma & Healthcare Private Limited the jurisdiction of the exhibitor's place of business
The place of performance and jurisdi	ction for all mutual obligations is Patna, Bihar or at the request of Wellexy Ph	

* Mandatory



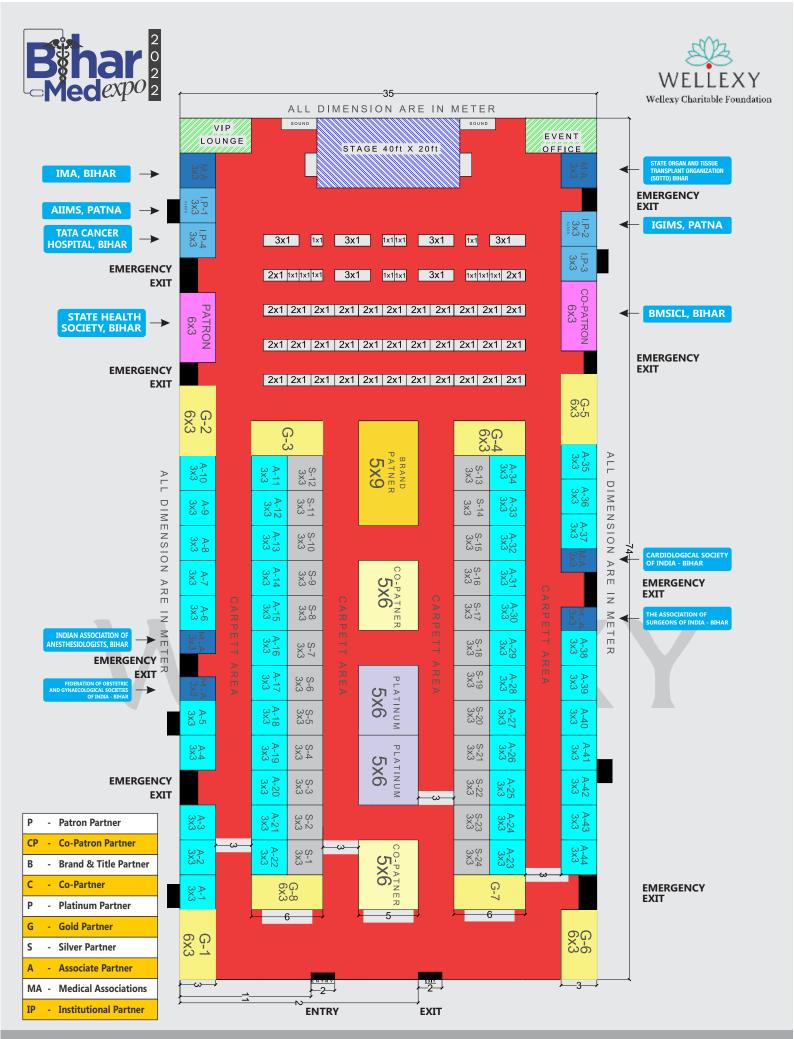
11-12-13 FEBRUARY / 2022

GYAN BHAWAN GANDHI MAIDAN, PATNA

EXHIBITOR'S BADGES are to be collected from the Exhibitors Services Centre at the exhibition hall during build-up Days. Please provide below details of all personnel from your company and associated companies who will be manning the exhibition stand.

be manning the exhibition stand. Note: Please provide the below in typewritten form and ensure it is clearly legible. **DESIGNATION COMPANY NAME** NAME **Booth Area** 18sqm 30sqm 9sqm 45sqm **Badges Entitlement** Exhibiting Co. Address State: City: Country: Telephone Fax No. Mobile Email: Signature Dated: Please fill and return this form to: **Wellexy Pharma & Healthcare Private Limited** Flat No: 302, 03 rd Floor, Hira Niketan, Kaliket Nagar, Back Side Of Vatika Premier Hotel, Bailey Road, Danapur - Patna. Pin: 801503, Bihar Base Line: 0612 3553356 Email: wellexypharma@gmail.com Website: www.wellexypharma.com By signing this application we accept as binding the Conditions of Participation and the Terms of Business as issued by Wellexy Pharma & Healthcare Private Limited, Patna, Bihar The place of performance and jurisdiction for all mutual obligations is Patna, Bihar or at the request of Wellexy Pharma & Healthcare Private Limited the jurisdiction of the exhibitor's place of business. M Name of the signatory Designation Company stamp and legally binding signature Place Date

* Mandatory



CATTOORITO	BRAND & TITLE PARTNER	CO-PARTNER	PLATINUM PARTNER	GOLD Partner	SILVER PARTNER	ASSOCIATE PARTNER
CATEGORIES Sponsorship amount for Booking	₹ 06,21,000.00/-	₹ 04,21,000.00/-	₹ 03,21,000.00/-	₹ 02,21,000.00/-	₹ 01,21,000.00/-	₹ 81,000.00/
Booth Stall Size (Ft)	9 Mtr x 5 Mtr	6 Mtr x 5 Mtr	6 Mtr x 5 Mtr	6 Mtr x 3 Mtr	3 Mtr x 3 Mtr	3 Mtr x 3 N
Furnised / Semi - Furnised	Furnised	Furnised	Semi-Furnised	Semi-Furnised	Semi-Furnised	Normal St
Wooden flooring with Carpeting	√	√	√	As Required	As Required	As Require
Coustimised Display Counters/Tops & Back Panels	/	/	/	Normal Table Counter	Normal Table Counter	Normal Tal Counter
Leather Sofa/Chairs	4 Sofa / 08 Chairs	4 Sofa/ 06 Chairs	2 Sofa/ 04 Chairs	1 Sofa/ 04 Chairs	04 Chairs with Round Table	04 Chair
Interior / Customization (Costing Extra)	As Required	As Required	As Required	As Required	As Required	As Requir
Common Lighting	√	√	√	√	1	√
05 Amp & 15 Amp Plug Points	6 Nos	06 Nos	04 Nos	2 Nos	2 Nos	2 Nos
Spot Lighting	√	√	√	\checkmark	4 Nos	4 Nos
Pre-Event Deliverables	,	,	,			
Logo to be incorporated all marketing collaterals	1	1	1	\checkmark	1	1
Logo to be incorporated the home page of Event Promotional Pages	1	1	V	√	1	√
Mass Mailer to the database with Partner's Logo & Profile	1	1	V	√	V	√
Social Media Promotion with Event (Facebook, Instagram Twitter, YouTube, G+)	1	1	V	√	1	1
Mention of Partner In Pre-event Press Releases	1	1	V	√	×	X
Advertismet In Print Media With Event Promo	1	\	V	√	×	×
Logo to be incorporated In Invitation Card	1	1	V	√	√	√
On Site Deliverables		-	-		-	
Logo to be incorporated in Thank You sponsor Panel.	1	1	1	\checkmark	1	1
Logo/AV content to be played in loop of 30 sec along with other sponsor in Display	1	1	V	√	V	√
Speach slot during the Inauguration session of the Exhibition.	1	√	×	×	×	×
Speach slot during the session of the Exhibition.	\	×	√	×	×	×
Speach slot during the closing session ceremony of the Exhibition.		\	×	×	×	X
Opportuinty to deliver a presentation during the event.	1	2 Slots (20 Min)	2 Slots (15 Min)	1 Slots (15 Min)	×	X
Opportuinty to participate in Panel Discussions during the event.	1	√	√	√	×	×
Logo to be incorporated in Stage Backdrop Panel	1	\	V	×	×	×
Dedicated cabin or meeting room	1	\	V	×	×	×
Dedicated TV / Display Unit's	1	1	V	√	×	×
Exhibition Area Decoration	1	\	V	√	√	×
Logo to be incorporated in Main Etrance Gate	√	√	V	√	V	X
Fooding (Lunch) Provided To Exibbitors Members	12 Persons	10 Persons	8 Persons	6 Persons	4 Persons	4 Persor
Post Event Deliverables						
Complete Delegate list for Post Event marketing purpouse	√	√	/	√	√	X
Promoting Partner Testimonials & Post-Event Press Releases	/	/	/	√	/	1
Screen shots and Videos of Presentation delivered at the Event.	/	/	/		x	4



11-12-13 FEBRUARY 2022

GYAN BHAWAN GANDHI MAIDAN, PATNA

9.	Title of event		14.	Payment
	BIHAR MEDICAL EXPO-2022 Bihar's 01st Mega Medical Exhibition On He	ealth		Upon receipt of the completed and signed sponsorship package booking form, an UTR / Transfer Details will be sent with the banking details. Booking will be confirmed when the 100 % payment has been received.
10. Organizer				Payment in full must be received by 31st the december 2021. The organisers will be free to allocate the space reserved to another sponsor(s) and the deposit for feited should payment not be received by this date.
	Wellexy Charitable Foundation	on		All payments should be made by bank transfer in Rupees only payable to: Wellexy
	Flat No: 302, 03 rd Floor, Hira Niketan,			Pharma & Healthcare Private Limited
	Kaliket Nagar, Back Side Of Vatika Premier Hotel, Bailey R IOCL PipeLine Building, Danapur- Patna. Pin: 801503, Bih Base Line: 0612 3553356			Hira Niketan, Kaliket Nagar, Back of Vatika Premier Hotel, Bailey Road, Danapur, Patna, Bihar 801503
	Contact +91 9431004366/ 9431001455/ 9431011006/ 9-	431133484		Cheque/Demand Draft/Bank Transfer to:
	Email: wellexyfoundation@gmail.com			Wellexy Pharma & Healthcare Private Limited
	Website: www.wellexyfoundation.com			Bank name : Axis Bank Limited
				Account No : 921020027665217
	in co-operation with			Ifsc Code : UTIB0002435
	Wellexy Pharma & Healthcare Private Lin	mited		Branch : Saguna More, Patna, Bihar 801503
	Flat No: 302, 03 rd Floor, Hira Niketan, Kaliket Nagar, Back Side Of Vatika Premier Hotel, Bailey R IOCL PipeLine Building, Danapur- Patna. Pin: 801503, Bih			Company name and invoice number must accompany
	Base Line: 0612 3553356 Contact +91 9431004366/ 9431001455/ 9431011006/ 9-			the payment .Bank charges are on the account of the sender.
	Email: wellexypharma@gmail.com Website: www.wellexypharma.com			Cancellation and Refunds Notification of cancellation or reduction of booked sponsor package(s) mustbe submitted in writing to the Wellexy Pharma Office. Cancellation or reduction of sponsor package(s) will be accepted till 10th Jan 2022 with a refund of the total fee less 25% administration fee. No refunds will be made for cancellations or
11	Vanua/Pagulations			reductions after 10 th Jan 2022. Refunds will be delivered after the Expo.
11.	11. Venue/Regulations GYAN BHAWAN GANDHI MAIDAN, PATNA			The undersigned authorised representative of the aforementioned company, here by applies for a sponsor package at the Medical
	Date			Expo 2022 and here by agrees to be bound to the terms and conditions.
12.	Dates			
	Exhibition Date: 11-12-13- Feb. 20	022		
	Exhibition Time: 09:00 am-to-09:0	0 pm		Date Signature
12	Suppose this Cotonovice			Via e-mail, kindly provide the Reference details of Bank
13.	Sponsorship Categories			Transfer/UTR No.
В	- Brand & Title Partner	@ Rs. 06,21,000.00/-		Please send the completed form • via email to wellexypharma@gmail.com or wellexyexpo@gmail.com
С	- Co-Partner	@ Rs. 04,21,000.00/-		via whatsapp to 9431004366, 9431111166or by post to:
Р	- Platinum Partner	@ Rs. 03,21,000.00/-		Wellexy Pharma & Healthcare Private Limited
G	- Gold Partner	@ Rs. 02,21,000.00/-		Medical Expo 2022 Flat No: 302, 03 rd Floor, Hira Niketan, Kaliket Nagar, Back Side Of Vatika Premier Hotel, Bailey Road, Danapur- Patna.
S	Silver PartnerAssociate Partner	@ Rs. 01,21,000.00/-		note, balley Noau, Dallapul- Fattia.
A	- Associate Partner	@ Rs. 81,000.00/-		
IP	- Institutional Partner			
*68	ST 18% EXTRA AS PER GOVERNMENT RULES.			
				sued by Wellexy Pharma & Healthcare Private Limited, Patna, Bihar / Pharma & Healthcare Private Limited the jurisdiction of the exhibitor's place of business.
Name	e of the signatory			
Desig	gnation			

Company stamp and legally binding signature

* Mandatory

Date

Place



11-12-13 FEBRUARY / 2022

GYAN BHAWAN GANDHI MAIDAN, PATNA

REMARKS



Organised by:



Wellexy Charitable Foundation

Organizer

Wellexy Charitable Foundation

Flat No: 302, 03rd Floor, Hira Niketan,

Kaliket Nagar, Back Side of Vatika Premier Hotel,

Bailey Road, IOCL Pipeline Building, Danapur - Patna, Bihar - Pin - 801503,

Base Line: 0612 3553356

Contact +91 9431004366 / 9431001455

+91 9431011006 / 9431133484

Email: wellexyfoundation@gmail.com info@wellexyfoundation.com Website: www.wellexyfoundation.com

in co-operation with

Wellexy Pharma & Healthcare Private Limited

Flat No: 302, 03rd Floor, Hira Niketan,

Kaliket Nagar, Back Side of Vatika Premier Hotel,

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