

To,

EXPRESS PUBLICATION MADURAI LTD.

AROGYAM HEALTH EXPO -2018

Express Garden,29,Second main road,Ambattur Industrial Estate,  
Chennai – 641 058  
PH: 044 23457512

MR. DEEPAK

### STALL BOOKING FORM

Date: 25/9/18

Dear sir/madam,

We hereby forward the application form duly filled in together with a demand draft/cheque for stall charges. We acknowledge explicitly that we have read and accepted in full the rules and regulations of the fair as in the exhibition guidelines and by submitting this application, we undertake to comply with the same.

**EXHIBITORS NAME :**

**STAR HEALTH & ALLIED INSURANCE (FINANCIAL AND HEALTH PLANNING)**

\*As it should appear on stall Fascia Board [Max 26 letters]

**Contact Person: A GANDHIMATHI**

**Designation : ADVISOR**

**ADDRESS:**

**FLAT NO 4 AYYA DYNASTY RAJAMBAL STREET  
DHANDESHWARAM  
VELACHERY  
CHENNAI 600042**

**PHONE: 9444446626**

**MOBILE: 8072808448**

**E-Mail: gandhiram29@gmail.com**

**WEB:**

**Details:**

<b>Stall Size : 3m*2m</b>	<b>Amount in Rs. : 10000</b>
<b>No. of stalls : 1</b>	<b>Total Amount in Rs. : 10000</b>
<b>Stall Number : 57</b>	<b>Advance in Rs. : 10000</b>
	<b>Balance in Rs. : -</b>

We enclose hereby remittance by at par Cheque/D.D/NEFT drawn in favor of "EXPRESS PUBLICATION [MADURAI] LTD." Payable at Chennai. Demand Draft No./Cheque No./NEFT No. .... 486196 6000 24053  
Dated . 25/9/18 ..... For Rupees [in words] ... Ten Thousand and five hundred only

City : chennai

Name : A GANDHIMATHI

Date : 25/09/2018

Designation : ADVISOR

A. Gandh'mathi  
Signature with seal

\*Note : Participants are requested to indicate all their requirements at one time to enable the organizers to make arrangements accordingly.