



APPLICATION FORM

affiliation to CII
N A T I O N A L

The Secretary
Confederation of Indian Industry
The Mantosh Sondhi Centre
23, Institutional Area, Lodi Road, New Delhi - 110 003
Tel: 011-24629994-7
Fax: 011-24626149
Email: membership@cii.in Website: www.cii.in

Dear Sir,

We wish to apply for Affiliation to CII. The Application Form, duly completed, is submitted along with the relevant supporting documents.
Kindly acknowledge receipt of the above and confirm our affiliation to CII.

Yours faithfully,

(Signature)

Date

Name	
Designation	
Association	
Address	

N.B. : This application should be proposed and seconded by two existing CII members (Authorised Signatory with Company stamp).

Proposed by

Signature	
Name	
Designation	
Company	
City	

Seconded by

Signature	
Name	
Designation	
Company	
City	



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(Please fill in block letters)

- 1. Name of Association : _____
- 2. Year established : _____
- 3. Address : _____
(If you have other offices in India,
please attach complete addresses) _____
Telephone : _____
Fax : _____
Email : _____ Website : _____
- 4. Date and number of registration under Societies
Registration Act (any other authority) : _____
- 5. Name & address of President/Vice President : 1) _____
Or
Chairman/Vice Chairman : 2) _____
- 6. No. of permanent/temporary staff on your roll : _____
- 7. Does the Association have a Provident Fund
Scheme and Gratuity Scheme for staff ? : _____
If so, please give details _____
- 8. Total number of members : _____
- 9. Production turnover of Industry for last two years : _____
- 10. Export performance of industry for last two years : _____
- 11. Country-wise export destinations : _____
- 12. Do you, as an industry association, organise/ participate
in Trade Fairs in India and overseas : _____
- 13. Name of Chief Executive of Association : _____
- 14. Names of senior management team of the Association : _____
- 15. Name & designation of person for liaison with CII : _____

We hereby give our consent to abide by the Rules and Regulations of the Confederation.

Signature _____
 Name _____
 Designation _____
 Date _____

Note

Please enclose the following documents :

- Memorandum and Rules of Association
- Copy of Registration Certificate
- Note on Annual Membership Subscription of your Association
- List of Governing Council (together with addresses) of your Association
- Last annual report and audited accounts of your Association
- List of Activities held last year and proposed for the current year
- List of Members
- Cheque/Demand draft for Rs 2,000/- towards Entrance fee and Rs 25,000/- towards annual subscription (Service tax 15% extra) favouring "Confederation of Indian Industry" payable at New Delhi.
- A brief note on how your Association would benefit from affiliation to CII.
- Some publications brought out by the Association.

Affiliated Associations are ASCON members and requested to attend the ASCON meetings and also submit production/sale data, defaulting which Associations may not be reaffiliated to ASCON.

FOR OFFICE USE ONLY

Meeting Approval Date : _____

Membership No. : _____

Confederation of Indian Industry