



APPLICATION FORM



The Secretary
Confederation of Indian Industry
The Mantosh Sondhi Centre
23, Institutional Area, Lodi Road, New Delhi - 110 003
Tel: 011-24629994-7
Fay: 011-24626149

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 and the complete of							
Kindly acknowledge receipt of the above and confirm our affiliation to CII.							
Yours faithfully,							
(Signature) Date							
Name							
Designation							
Association							
Address							

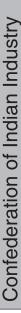
N.B.: This application should be proposed and seconded by two existing CII members (Authorised Signatory with Company stamp).

Proposed by



Seconded by







APPLICATION FORM



				N A	allOn	N	
(Plea	ase fill in block letters)			N A	1 1 0	IN	A L
1.	Name of Association	:					
2.	Year established	:					
3.	Address	:					
	(If you have other offices in India,						
	please attach complete addresses)						
		Т	Гelephone :				
		F	-ax:				
		Е	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 Regu	ılatior	ns of the Confederation				
	Signature						
		_	Please enclose th	ne following documents			

FOR OFFICE USE ONLY

Meeting Approval Date : ___ Membership No. :___

- 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.