



APPLICATION FORM

affiliation to CII
N A T I O N A L

The Secretary
Confederation of Indian Industry
India Habitat Centre
Core 4A, 4th Floor, Lodi Road
New Delhi - 110 003
Tel: +91-11-24682230-35 / 41504514-19 Fax: +91-11-24682226
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 _____
 Date _____
 Designation _____

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/- (Service tax 14% extra) towards annual subscription and entrance fee favouring "Confederation of Indian Industry" payable at New Delhi.
- A brief note on how your Association would benefit from CII membership.
- Some publications brought out by the Association.

ASCON members are requested to attend the ASCON meeting 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