

## **VIDARBHA INDUSTRIES ASSOCIATION**

1st Floor, Udyog Bhawan Civil Lines, Nagpur - 440 001, M.S. India Tel : 0712-2554090 / 2561211 Email : viangpindia@gmail.com Website : www.via-india.com

## APPLICATION FORM FOR MEMBERSHIP

Vida	Honorary Secretary, bha Industries Association							
	g Bhawan, Civil Lines, Nagpur -			Date :				
Dear	7	SUB : APPLICATION	FOR MEMBERSH	IP				
۸۵۵۰	I/we		-471					
ruui	ess	(Name of Organiz	ation)					
		_ City :						
	by apply for enlisting myse ARBHA INDUSTRIES ASSOC		Ordinary / Asso	ciate / Affiliated Member				
		e by rules and regulations		ciation and fully subscribe to the force from time to time. Bri				
	Shri		Designation					
mme	ificationediately intimated to you.	will represent us on our	behalf. Any chang	e in the representation will b				
Here	with I / We send in Cash / by Cl	neque / by Draft:						
Mem Total		Rs. 1,000/- Rs Rs	Admission F + GST 18%	Please Note for New Membership Kindly Pay Admission Fee + Membership Subscription + GST 18% Along with membership form				
	T 18% s faithfully,	Rs	(a) Udyam ( (b) Incorpora	following documents to be submitted copy of  (a) Udyam Certificate or  (b) Incorporation Certificate  (c) GST Certificate				
Desi	ber Stamp) gnation duced by :	ANNUAL MEMBERSHIP S CATEGORIES OF ME						
SI	Categories	T	Amount	Tick as applicable				
1	For Associate Categories							
	a) Associate & Professional /     (For Professionals)     b) Educational Institute	Individual	Rs. 7,500/- Rs. 10,000/-					
2	For Industrial Undertaking							
	Ordinary Members							
	a) Capex upto Rs. 3.00 Crore b) Capex above Rs. 3.00 Crore	ose Capex in the previous year was : Capex upto Rs. 3.00 Crores Capex above Rs. 3.00 Crores & upto Rs. 50.00 Crores Capex above Rs. 50.00 Crores						
3	Affiliated Member		Rs. 7,500/-					
4	Life Member a) Individual b) Corporate Entity		Rs. 5,00,000/- Rs. 15,00,000/-					
	ote : CAPEX is defined as Gross In	(For Officer Use		ectrification				
ate d	of receipt of Application of No.	Date	Amount					
ate	of Resolution of the Executive Cor	nmittee :	Enrollment No.	AmountEnrollment No				
Recei	ved with thanks the amount of Rs.		towa	ards the Membership Fees.				

## **Brief Information of the Member**

1.	Name of the Establishment								. *
2.	Year of Establishment			Loc	ation	of Unit			
3.	Constitution of the firm								
4.	Class of Industry	O.						/licro / S edium /	
5.	Products Manufactured								
6.	Raw Material required								
	Sector								
	Member of which Others Association			-					
7.	Bankers								
8.	Subscribed Capital (In case of a Ltd. Co.)					- 1	7		
9.	Total Block Investment			Plant & Machiner	y			Other	*
10.	Turnover of the last accounting year								
11.	No. of workers employed			4					
12.	Branches, if any			e.					* +
13.	Telephone Nos. (With Code)								
		Office :				Resi:			
						Fax No. :			
14.	Mobile Nos (Key Persons)	SI		Name			Design	nation	Mobile No
		1	**						
		2							
		3							
		4							
15.	Email ID								
16.	Website								
17.	Other Information (if any)								