



# Industries Association Of Chandigarh

Industrial Area, Phase - I, Chandigarh 160 002 Email:  
industriesassociationchd a gmail.com

Website : www.iaoc.in

## APPLICATION FORM FOR MEMBERSHIP/ASSOCIATE MEMBERSHIP

Dear Sir,

I/we am/are desirous of enrolling myself/ourself as Member/Associate Member of the INDUSTRIES ASSOCIATION OF CHANDIGARH and am/are appending below the necessary particulars:-

1.	Name of the Applicant : (FIRM'S NAME in Block Letters)			
2.	Full Address :			
		Phone :	Office	
			Fax :	Resi. .
E-mail :				
3.	Name of Proprietor/ Partners or Board of Directors :			
4.	Type of company . (Please Tick)	Public Limited	Pvt. Limited <input type="checkbox"/>	Partnership
		Proprietorship <input type="checkbox"/>	Co-operative Company <input type="checkbox"/>	
5.	Nature of Industry: (Give detail of items manufactured, processed, assembled or services provided etc.)			
6.	Date of Establishment :			
7.	Area of the Plot : (In sq. yards)			
8.	Total Original Value of Plant & Machinery : (Rs. lacs)			
9.	No. of Employees :			
10.	Electric Installed : (KW/HP)			

11.	Turnover per year :	
12.	Whether Registered with :	The Director of Industries, Union Territory Chandigarh? If so, give Registration No.
13.	Whether Registered under the Factories Act. ? If so, give Registration No.	

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	Registered The DGS&D, Delhi or any other Govt. purchase Organization? If so, give detail.	
15.	(1st) Particulars of Representative(s) (I Ind) of the firm :	Name :
		Designation :
		Qualification :
		Resi. Address :
		Phone & Mobile No. .
		Name :
		Designation .
		Qualification :
		Resi. Address :
		Phone & Mobile No. .
16.	Any other information about the Organisation :	

I/we enclosed herewith the Admission Fee together with Annual Subscription Fee computed in the manner as laid down in the Articles of the Association, amounting to Rs. \_\_\_\_\_.

I/we hereby agree to abide by the Articles of Association as also Rules and Bye Laws framed thereunder and in force from time to time if admitted as a member.

Dated •.....Signature of the Applicant with Stamp

PROPOSED BY

SECONDED BY

Name & Signature with Stamp

Name & Signature with Stamp

FOR OFFICE USE ONLY

I	Date of Committee Meeting considered the application	
II	Decision of the Committee	
III	Date of communication to the Member	
IV	Date of entry in the Membership Register.	

Secretary