



SIDCUL ENTREPRENEUR WELFARE SOCIETY

CHAPTER PANTNAGAR

APPLICATION CUM REGISTRATION FORM

MEMBER'S PROFILE

1	(a) Name of the Firm/Company	
	(b) Status	
	(c) Date of Establishment	
2	ADDRESS :	
	(a) Factory/Office	<p>Phone : _____ Fax : _____</p> <p>E-mail : _____</p> <p>Website : _____</p>
	(b) Registered Office	<p>Phone : _____ Fax : _____</p> <p>E-mail : _____</p> <p>Website : _____</p>
3	(c) Name (s) of Director/Proprietor/ Partners as the case may be	<p>Phone : _____ Fax : _____</p> <p>E-mail : _____</p> <p>Website : _____</p>

4	Name of the chief Executive Representative	Name : Designation : Contact No. : E-mail :
5	Date of Birth (Auth. Sign.)	
6	Marriage Anniversary (Auth. Sign.)	
7	Nature of Business	
	(a) Category of Unit (SSI/Medium/Large Scale)	
	(b) Manufacturer/Trader Service Provider/Other	
	(c) Product/Products/Services	
	(d) Project Cost in Approx, in Crores)	
	(e) Total annual turnover	

8	Registration Fee	Rs.	1500/-
	Annual Fee :		
	Project Cost up to Rs. One crore	Rs. 8000/-	<input type="checkbox"/> Rs. _____
	Project cost more than Rs. one Crore & Less than Rs. Ten crores	Rs. 15,000/-	<input type="checkbox"/> Rs. _____
	Project cost more than Rs. Ten Crores	Rs. 25000/-	<input type="checkbox"/> Rs. _____
			Total Rs. _____

Cheque No.	Date	Amount Rs.
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Declaration

We,(Name of the person.....)(Designation), do hereby declare and affirm that the above details are true to the best of my knowledge and belief.

We, further assure you that we will abide by the By-Laws of the society from time to time as and when amended

Place :

Signature

Date :

Name

Designation

FOR OFFICE USE ONLY

1	Membership Registration No.	
2	Date of Registration	
3	Receipt Number.....Date.....Rs.....	

Treasurer

Secretary

President