**INDIAN FOUNDRY ASSOCIATION**

4, India Exchange Place (7th Floor), Kolkata – 700 001

Phone: (033) 2230-6790, 2231-8524 = FAX: (033) 2231-4548

Website: [www.ifa.org.in](http://www.ifa.org.in) -- E-mail: [info@ifa.org.in](mailto:info@ifa.org.in)

**MEMBERSHIP APPLICATION FORM**

The Secretary

Indian Foundry Association

4, India Exchange Place (7th Floor)

Kolkata – 700 001

Dear Sir,

I / We desire to be enrolled as a member of the Indian Foundry Association and am / are sending herewith the Admission Fee of Rs. 5,000/- (Rupees Five thousand only) and the Annual Membership Subscription of Rs. 8,000/- (Rupees Eight thousand only), plus GST as applicable.

I / We agree to abide by the Memorandum and Articles of Association in force for the time being.

Thanking you,

Yours faithfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature with date and Company Stamp)

THE FOLLOWING PARTICULARS ARE TO BE FILLED IN BY THE APPLICANT

|  |  |  |  |
| --- | --- | --- | --- |
| 01. | Name & Style of Membership | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 02. | Office Address | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 03. | Factory Address | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 04. | Telephone /Mobile /FAX No. | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 05. | E-mail ID | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 06. | Name of the Representative to be registered (max. 2) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 07. | Whether it is a Joint Stock Company (specify whether Public or Private Ltd.) or a Partnership Firm or a Proprietorship Firm | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 08. | Name & address of Partner(s) or Proprietor to be registered | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 09. | Year of starting business | : | \_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 10. | Whether registered under the Factories Act and if so, Date & No. of Registration, along with photocopies of Registration Certificate | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 11. | SSI Registration Certificate or any other such documents | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 12. | In case of Partnership Firm, a photocopy of partnership deed | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 13. | Capital invested in the Firm | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 14. | Technical Experts employed and their qualifications | : | ( Please attach a separate list ) |
|  |  |  |  |
| 15. | number of workers employed by the firm at present | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 1. Direct Employee | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 1. Contract Labour | : |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 20. | Expansion programme in future, if any | : |  |

***N.B.: If space allotted under any head is insufficient, separate paper may be used***

Signature of Proposer Signature of Seconder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_