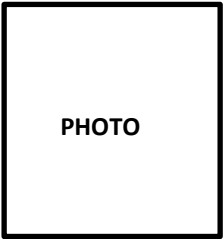




The SSI Association, Kota

Purusharth Bhawan ,Road No. 5 IPIA, Kota 304005

MEMBER INFORMATION



I/We Request You to Enroll Me/ Us For the membership of the SSI ASSOCIATION, KOTA

Sr. No.	Name And address of firm with Udyog Aadhar No.	Name of Partner/ Director/ Proprietor	Mobile No.	Name of Spouse	Mobile No.

DATE OF BIRTH DATE of MARRIAGE

Email. Address

Nature of Business Trading/ Manufacturing/ Service /Others

Type of Service/Product

Address Factory

.....

ADDRESS OFFICE

ADDRESS RESIDENCE

DATE SIGNATURE WITH STAMP

I AM/WE ARE ENCLOSING HEREWITH CHEQUE NO.....DATED.....

FOR RS..... DRAWN ON.....TOWARDS LIFE MEMBERSHIP FEES.

Sr. No.	Recommended by	Company Name	Post	Signature
1.				
2.				

EXECUTIVE BODY ACTION

APPLICATION IS ACCEPTED/REJECTED FOR THE MEMBERSHIP OF THE ASSOCIATION

DATE PRESIDENT SECRETARY

SCREENING COMMITTEE REPORT (SSI TRUST)

PRESIDENT TREASURER SECRETARY