**MEMBERSHIP REGISTRATION FORM**

|  |  |
| --- | --- |
| Name Of The Unit |  |
| Bhel Vendor Code |  |
| Communication Address |  |
| Constitution | Proprietor Partnership Pvt Ltd Public Ltd |
| Name(s) of the  Proprietor/Partners/Directors | 1 |
| 2 |
| 3 |
| 4 |
| 5 |

CONTACT DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone (with STD code) | | Fax (with STD code) | | email |
|  |  |  |  |  |
|  |  |  |  |  |

PRIMARY CONTACT DETAILS

|  |  |  |
| --- | --- | --- |
| Name of Primary Contact | Designation | Mobile |
|  |  |  |

REGISTRATION AND CERTIFICATION DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TIN | CST | ECC | SSI/EM-II | PAN |
|  |  |  |  |  |

Place : Seal & Signature

Date :

Kindly enclose Xerox copies of the following

(a) Partnership Deed and Form A (OR) Certificate of Incorporation and Memorandum of Association

(b) TIN (c) CST (d) ECC (e) EM-II (f) PAN

**MEMBERSHIP FEE**

|  |  |
| --- | --- |
| Admission Fee (Non Refundable) | Membership Fee (Non Refundable)  For 5 years |
| Rs.5,000 | Rs.10,000 |

**REMITTANCE DETAILS**

|  |  |
| --- | --- |
| Cheque No | Cheque Date |
| Name of Bank | |

Place : Seal & Signature

Date :

**FOR OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Membership No. | Receipt No. | Cheque Cleared Date | Entered by |

Verified by

Name :

Date : Signature :