



INDIAN TRANSFORMER MANUFACTURERS ASSOCIATION

MEMBERSHIP APPLICATION FORM

Dear Sir,

We hereby apply for membership of the Indian Transformer Manufacturers Association and undertake, should we be admitted to abide by the Rules of the Association. The necessary details regarding our organization are given per forma. We also undertake to forward our production date in the prescribed Performa regularly and also our profit & loss accounts, annual report as and when required every year to the Association. We will be also glad to forward any information that may be in the interest of the industry and collective benefits.

Signature :

Designation :

Office Stamp :

Date.....

Place.....

Enclosed: Cheque No.....date.....Bank.....

.....for Rs.....being the amount of Entrance /Admission Fee

Rs.....and the Subscription of Rs.....for the year.....

I propose.....

For admission as a member of the Association of Indian Transformer Manufacturers.

Signature:

Member of the Association

I second the above proposal

Signature:

Member of the Association

FOR MEMBERS

Name of the Company/firm and address :

Phone:

Mob:

E-mail:

Works Address:

Phone:

Mob:

E-mail:

2. Date of incorporation and year of Commence
for business :

3. Registration No. from DCSSI/DGTD etc. :

4. Name (s) Collaborator (s), if any, :

5. Name (s) of Bank (s) / Place

6. Name (s) of Principal (s), if any

7. Nos. Employed
in all Shifts

Technical Staff

Non Technical
Staff

Workers

Total

<p>8. Name of head of firm/Chief Executive:</p> <p>Designation:</p>	
<p>9. Activities (in details)</p> <p>(a) Manufacturers of:</p> <p>(b) Agents of :</p>	
<p>10. Details of Testing facilities available:</p> <p>a) Product Certifications:</p> <p>b) System Certifications :</p>	
<p>11. Names of the agencies with which generally You deal such as CCI & E, DGTD concerned Ministries, Dept. of Science & Technology Electronics, REC, PFC, BIS, BEE, CEA & MMTC etc. (Please give details).</p> <p>12. Annual Turnover</p>	
<p>(As per income & Expenditure Account or profit & loss account for the year ended copy enclosed.)</p> <p>PAN No.</p> <p>GST No.</p>	

<p>13. Name/Designation of Principal and alternate Representatives who may be contracted for liaison with ITMA</p> <p>(1) Finance Executive</p> <p>(2) Purchase Executive</p> <p>(3) Production Executive</p> <p>(4) Accounts Officer :</p>	<p>Name: Phone: Mob: E-mail:</p> <p>Name: Phone: Mob: E-mail:</p> <p>Name: Phone: Mob: E-mail:</p> <p>Name: Phone: Mob: E-mail:</p>
<p>14. Office Address to which Communication are to be sent</p> <p>(a) Telephone No/s. :</p> <p>(b) Mob. No./s : :</p> <p>(c) Fax No : :</p> <p>(d) E-mail : :</p> <p>(e) Website : :</p>	
<p>15. Remarks (if any)</p>	
<p>16. Signature of the Managing Director/ Partner/Proprietor/Chief Executive</p>	
<p>N.B. Literature of prospectus or catalogue if any, regarding the Company's products and activities may be enclosed along with this application.</p>	
<p>Correspondence Address : 2F CS-11, Ansal Plaza, Sector-3, Near Vaishali Metro Station (Opp. Bhushan Steel) Vaishali, Ghaziabad - 201 010 (U.P.) • Phone: 0120-4566119, 4116651, Fax: 0120-4116651 E-mail: itma_2006@itma.org.in, itma_2006@airtelmail.in Website: www.itma.org.in</p> <p>Regd. Office: 303, South Delhi House, 12, Zamrudpur Community Centre, New Delhi-110048</p>	