K SSIA

THE KERALA STATE SMALL INDUSTRIES ASSOCIATION

X/26A, HMT Colony P.O., Kalamassery -683 503, Cochin District Ph: 0484 2532120, Fax: 2532118, Email: kssiastate@gmail.com, website -www.kssia.com

Photograph

MEMBERSHIP APPLICATION FORM

					DISTRIC	T .		
Name of the Industrial Unit (In capital letters)								
Address in full (with pincod	e)							
Tolophone No with CTO	_	***************************************						
Telephone No. with STD co	_					**		
	E-n	nail:				Website:		
SSI /MSME Registration No	& Date							
Date of Establishment								
Nature of unit: Eg Proprie Private Ltd./Co-society								
Nature of Industry: Eg Wood / S Chemical / Leather / Drugs / Pha	c/Food/Rubberi cals Etc.							
Items manufactured								
Items of the Proprietor/Mg. F Secretary	artner/ I	Mg. Partner/						
				DECLARATION				
I hereby declare the bylaws and rules gov aims of the Association.	that the erning t	e information (the Kerala Sta	given abo te Small	ve are true and correct	t to the best of and I shall abid	my knowledge. I have read e by them. I shall do my be	d and understood est to promote the	
Membership Fees for on	е уеаг	by Cash/DD/F	Pay Orde	r/M.O. I request the a	dmission of the	Unit as a member of the A	Association.	
						Signature & Stam	on of December /	
						Signature & Stam Mg. Part	ner/Mg. Director	
		AU	THORIS	ED REPRESENTATIV	E E-(If require	d)		
to represent the Out III	y Fathe the Ass	r/Mother/Husb sociation for a	and/Wife	:/Son/Daughter/Brother ation purpose and all	/Sister/ Mr./ Ms	Her specimen signature an	d photograph are	
given below.								
Signature of Authorise	resentative	Photograph of Authorised		Signature	Signature & Stamp of Proprietor/Mg. Partner/ Mg. Director/Secretary			
Place:				Representation		Date :		
	Sianatı			Seconder				
Proposer	Signature			(Active Member)		Signature		
(Active Member)	Name					Name		
	Addres	s				Address		
			FOR DI	STRICT COMMITTEE	OFFICE USE			
The above applicand M/s	ation w	vas placed bet	fore the [District Committee that	met on			
admitted as a member of							was	
	, uie A	SSOCIATION WIL		OIII				
Stamp of the District Unit Si				ture-President (District	Unit)	Secretary	(District Unit)	
		F	OR ST	ATE COMMITTEE	OFFICE US	E	,	
			J. () [/	T. C OOMINITIEE	OFFICE US	E		
Serial No., date and stan	np of th	e State Comn	nittee	-	Sign	nature General Secretary (S	State Committee)	
"Has to be filled	manda	tory						

The following enclosures are to be submitted along with application form :

- 1. Copy of the SSI Reg. Certificate / Reg. Certificate of Part- I/II MSME
- 2. Local bodies licence / power allocation certificate / latest electricity bill / factories licence
- 3. Set attested photograph of the person authorized by the Unit.