

# Membership Application Form

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An ISO 9001, 14001 & 18001 Chamber

Regd. No. 267/1979

**UCCI**

CHAMBER BHAWAN, CHAMBER MARG, MEWAR INDUSTRIAL AREA, MADRI, UDAIPUR-313003  
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*Upgradation of Skills, Capacity Building, Communication, Infrastructure Development*

1. Name of the Company / Firm/ Association / Professional \_\_\_\_\_

2. Contact Details

**a) Unit / Office Address**

Address:	Phone no.:
	Mobile no.:
	Email:
	Website:

**b) Correspondence Address**

Address:	Phone no.:
	Mobile no.:
	Email:
	Website:

3. Date of Establishment \_\_\_\_\_

4. Nature of Registration \_\_\_\_\_ Issuing Authority \_\_\_\_\_

Registration No. \_\_\_\_\_ Date \_\_\_\_\_

5. Type of business \_\_\_\_\_

6. Top Three items Manufactured / Traded / Business by Turnover

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Associate Businesses/ Sister Concerns / Group Businesses (give name and address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Turnover (As on 31<sup>st</sup> March of last Year) Rs. \_\_\_\_\_

9. No. of employees \_\_\_\_\_

10. For Associations:

No. of Members: \_\_\_\_\_

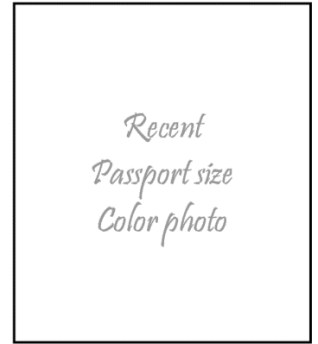
No. of Employees in Secretariat: \_\_\_\_\_

No. of Members of all organizations represented: \_\_\_\_\_

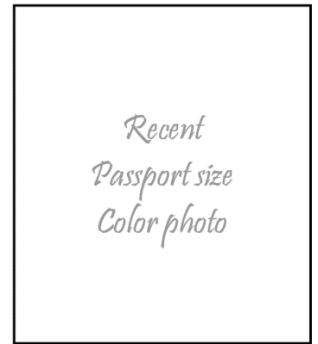
(Attach list of members along with their name of organization, mobile no, address & email)

**11. Authorized representatives who will be nominee in UCCI**

a) Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Phone No. (O) \_\_\_\_\_ Phone No. (H) \_\_\_\_\_  
Mobile No. \_\_\_\_\_ Email \_\_\_\_\_



b) Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Phone No. (O) \_\_\_\_\_ Phone No. (H) \_\_\_\_\_  
Mobile No. \_\_\_\_\_ Email \_\_\_\_\_



**12. Are you a member of any other association/chamber (if so please give their names and addresses)**

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

**13. Any other information (if not covered above)**

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

**Enclosures:**

1. Latest audited balance sheet for last 2 financial years/ CA Certificate for 2 year turnover.
2. Registration Certificate
3. Fee cheque for Rs. \_\_\_\_\_ Cheque No. \_\_\_\_\_ Bank \_\_\_\_\_
4. Two photographs of each representative with name written on back side
5. Board Resolution (in case of Companies in favor of the person signing the form and copy of MOA), also attach list of Board Members /Directors /Office Bearers
6. Copy of Pan Card of Company / Individual, GST Registration, Udyog Aadhaar
7. Individual Professionals applying for Associate Membership must submit any one of the following:
  - a) Copy of Birth Certificate with Place of Birth info
  - b) Copy of Education Certificate
  - c) Copy of Certificate of Employer/Organization with whom registered as Professional
8. Associations must submit copy of constitution.

## Declaration

1. I, hereby declare that the above information is complete, factually correct and accurate to best of knowledge and is authentic.
2. I hereby certify on oath that neither my organization nor any of the key shareholders/ partners/ members of management including me are involved in any criminal proceedings, anywhere in the world or have been convicted in the past, as of date.
3. I hereby agree to abide by the Rules and Regulations of Udaipur Chamber of Commerce & Industry in force or as may be amended hereinafter.

Proposed by For M/s: Signature: Name: Designation:	For M/s:  Signature of authorized person:  Name:  Designation:  Date:  Place:
Seconded by For M/s: Signature: Name: Designation:	