

**CONFEDERATION OF INDIAN PHARMACEUTICAL INDUSTRY (SSI) (Regd.)**  
*Registered office : 120, Suncity Business Tower, Sector-54, Gurugram-122002, Haryana*

**APPLICATION FOR MEMBERSHIP**

The Chairman,  
Confederation of Indian Pharmaceutical Industry,  
120, Suncity Business Tower, Sector-54, Gurugram-122002, Haryana

Dear Sir,

We hereby apply for Membership of the Association for the following category and agree to abide by the Memorandum and Rules & Regulations of the Association:

» **FEDERATING MEMBER**

» **CORPORATE MEMBER**

(Individual manufacturing units)

**(Please whichever is applicable)**

Name of the Association : \_\_\_\_\_

Date of Incorporation : \_\_\_\_\_

Address of Registered Office : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

Name of President/ Chairman: \_\_\_\_\_

Company Name : \_\_\_\_\_

Telephone Nos. : \_\_\_\_\_

Telex/Fax Nos. : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Address of Plant Location : \_\_\_\_\_

: \_\_\_\_\_

Telephone Nos. : \_\_\_\_\_

Telex/Fax Nos . : \_\_\_\_\_

E-Mail : \_\_\_\_\_

No. of members in the association : \_\_\_\_\_

List of members with complete address, Tel. No., E-mail : Please Attach

Registration Copy of Association: \_\_\_\_\_

Brief Details about Association : \_\_\_\_\_

***Bank Details for RTGS/NEFT***

NAME : Confederation of Indian Pharmaceutical Industry

Bank : Canara Bank

A/c No: 1386201006454

IFSC Code : CNRB0001386

Branch Address : Rajouri Garden , New Delhi

*We hereby agree to abide by:*

The aims and objects, as per the Memorandum, Rules and Regulations of the Confederation of Indian Pharmaceutical Industry.

We enclose herewith a crossed cheque/demand draft at Delhi for Rs. \_\_\_\_\_ towards the membership fee.

For (Stamp of the Association)