

MOHALI INDUSTRIES ASSOCIATION

MIA BHAWAN, BAY NO. 143-44, OPP. ESI HOSPITAL
INDUSTRIAL AREA, PHASE VII, MOHALI – 160055. TEL : 2236576, 5091399, FAX : 2236948
E-mail : miaphase7@gmail.com Website : www.mohaliindustries.com

The President,
Mohali Industries Association,
Mohali.

Dear Sir,

1. I/We, M/s _____
(Name and Address)
_____ are interested to get ourselves enrolled as a
member of Mohali Industries Association.
2. I/We have read the aims and objectives of the Association and agree to abide by
its constitution, rules and regulations thereunder / enforced from time to time.
3. I/We nominate Shri _____
(Name and Designation)
_____ as my / our representative.
4. I/ We are remitting Entrance Fee of Rs. _____ and Annual Subscription of
Rs. _____ for the year _____ by cheque/draft. No.
_____ dated _____
5. Information about our company is furnished in the prescribed forms enclosed
herewith.
6. I/We shall be thankful if you will kindly enroll me/our company as a member of
the Mohali Industries Association.

Yours faithfully,

(Name and Designation)

Place :

Dated:

Encl : as above

10. Type of Membership sought

- Large Scale (Annual Turnover above Rs. 12.5 Crore)
- Medium Scale (Annual Turnover upto 12.5 Crore)
- Small Scale (Annual Turnover upto Rs. 3 Crore)
- Associate Member

11. Annual Turnover of previous three years, in lakhs

Year 2008-09 Rs. _____
Year 2009-10 Rs. _____
Year 2010-11 Rs. _____

12. Whether covered under :

- | | | | | |
|------------------------------|-----|--------------------------|----|--------------------------|
| (a) Central Excise | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) Income Tax | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) Employees Provident Fund | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) VAT | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) ESI | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (f) Service Tax | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

13. Sanctioned Power Load _____ KW

Power Supply category SP MS LS

14. (a) Entrance Fee : Small Scale : Rs.5,000/-, Medium Scale: Rs.10,000/-
Large & Associates Members Entrance Fee is Equal to one year's subscription

(b) Annual Subscription (Paid in Advance)

Large Scale	Rs. 10,000/-
Medium Scale	Rs. 5,000/-
Small Scale	Rs. 2,500/-
Associate Member	Rs. 5,000/-

15. (a) No. of Persons employed _____

- (b) No. of Qualified employees
- | | | | |
|-----------------|--------------------------|-------------|--------------------------|
| MBA's | <input type="checkbox"/> | BE / B.Tech | <input type="checkbox"/> |
| Diploma Holders | <input type="checkbox"/> | Graduate | <input type="checkbox"/> |
| Skilled | <input type="checkbox"/> | | |

- (c) No. of Unskilled employees
16. No. of shifts working Single Double Triple
17. Type of Industry Engineering I.T.
 Services Marketing

18. Information about Products
- (a) Name of finished products _____
- (b) Brand Name if any, _____
- (c) Catalogue if any Enclosed Not Available

19. If you are an exporter please indicate :
- (a) the products exported _____
- (b) the countries to which they were exported during the proceeding twelve months _____

20. Products category under which unit should be enlisted
- | | | | | | | | |
|----------------------|--------------------------|-------------------------|--------------------------|---------------------------|--------------------------|---------------------|--------------------------|
| Abrasives | <input type="checkbox"/> | Apparels/Textile | <input type="checkbox"/> | Auto Components | <input type="checkbox"/> | Castings | <input type="checkbox"/> |
| Chemicals | <input type="checkbox"/> | Dairy | <input type="checkbox"/> | Educational | <input type="checkbox"/> | Electrical Fittings | <input type="checkbox"/> |
| Electrical Rewinding | <input type="checkbox"/> | Electronics / Computers | <input type="checkbox"/> | Electroplating | <input type="checkbox"/> | Fabricators | <input type="checkbox"/> |
| Fasteners | <input type="checkbox"/> | Food Processing | <input type="checkbox"/> | Forgings | <input type="checkbox"/> | Furniture | <input type="checkbox"/> |
| Generator | <input type="checkbox"/> | Health Care | <input type="checkbox"/> | Industrial Gases Products | <input type="checkbox"/> | IT Enabled Services | <input type="checkbox"/> |
| Leather Products | <input type="checkbox"/> | Medical Instruments | <input type="checkbox"/> | Packaging | <input type="checkbox"/> | Paints | <input type="checkbox"/> |
| Pharmaceutical | <input type="checkbox"/> | Plastics | <input type="checkbox"/> | Pollution Control | <input type="checkbox"/> | Railway Equipment | <input type="checkbox"/> |
| Refrigeration | <input type="checkbox"/> | Rubber Products | <input type="checkbox"/> | Sanitary Goods | <input type="checkbox"/> | Sports Goods | <input type="checkbox"/> |
| Tools | <input type="checkbox"/> | Water & Beverages | <input type="checkbox"/> | Weighing machines | <input type="checkbox"/> | Others | <input type="checkbox"/> |

21. Approximate investment in Plant Machinery, in lakhs : Rs : _____

22. Type of machinery installed CNC Conventional
 Fully automated Semi Automated

23. Spare Capacity for such machines, if any _____

24. No. of Computers installed _____

25. (a) Access to internet/e-mail Yes No

(b) Using Internet for Marketing Purchase

Correspondence Recruitment

26. In case of more than 1 plant please mention the address of other plant locations _____

27. Is your Organization

(a) an ISO 9001 : 2000 Certified Yes No

(b) ISO 14001 : 2004 Yes No

(c) TS 16949 : 2002 Yes No

If yes, then please specify the Certification Agencies (a) _____
(b) _____
(c) _____

If no, are you interested being an ISO Certified unit Yes No

28. Recruitment Procedure through Job Consultant Advt.

Personal contact Others

If others, please specify _____

29. Are you interested in serving MIA _____

If yes, then in what position / specialization _____

30. Membership of other Associations, if any _____

31. Do you require trainees in your organization Yes No

If yes, then specify the no. Degree holders Diploma

MBA Others

If no, why _____

Do you know the benefit of having trainees at your work place ?

List of benefits delivered

32. Personal Information of the nominated Representative

Date of Birth _____ Marriage Anniversary _____

Residential Address _____

Declaration : "I will abide by the Rules and Regulations of the Association as mentioned in the Memorandum of Articles of Association as amended"

Thanking you,

Yours faithfully

Name and Designation

for M/s _____

=====

Proposed by:

Name & Address -----Signature -----

Membership No. _____

Seconded by :

Name & Address _____ Signature _____

Membership No. _____

N.B. (1) Information supplied in the form will be kept confidential

(2) The cheque should be drawn in the name of **MOHALI INDUSTRIES ASSOCIATION**, payable at Mohali

FOR USE IN ASSOCIATION OFFICE

1. Receipt No. and date _____ Amount received Rs. _____

2. Date of acceptance _____ Membership Registration No. _____

3. Remarks _____

Recommendations of Membership Development Committee

Recommended / not recommended for being placed before the Executive Committee for grant of membership of Mohali Industries Association.

**CHAIRMAN
MEMBERSHIP DEVELOPMENT
COMMITTEE**

GEN. SECRETARY

PRESIDENT



