



MOHALI INDUSTRIES ASSOCIATION

(An ISO 9001:2008 Certified Association)

MIA Bhawan, Bay No. 143-144, Opp. E.S.I. Hospital, Industrial Area, Phase VII
S.A.S. Nagar (Mohali)-160 055 (Pb.) Phone: +91-172-2236576, 5091399
Website: www.mohaliindustries.com, e-mail: miaphase7@gmail.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./NEFT
_____ dated _____ in favour of "Mohali Industries Association"
Account
no.30014596195, IFSC Code:SBIN0007884.
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

MOHALI INDUSTRIES ASSOCIATION

MIA BHAWAN, BAY NO. 143-44, INDUSTRIAL AREA, PHASE VII,
OPP. ESI HOSPITAL, MOHALI – 160055. TEL : 2236576, 5091399,
E-mail : miaphase7@gmail.com , mohaliindustriesassociation@yahoo.co.in
Website : www.mohaliindustries.com , Twitter @MIA26531406 (ISO9001:2015)

Photograph of the
Representative

QF/ADM/009
Dated: 17.07.19

Rev:02

INFORMATION ABOUT THE APPLICANT COMPANY

1. Name of the Unit/Company _____
2. Address of the unit/company _____

3. Registered Office, if any _____
4. Date of Establishment _____
5. Name of Prop./Managing Partner/
Partner/MD/CEO _____
6. Telephone Nos. Mobile _____ Factory _____
Office _____ Resi. _____
Fax _____ e-mail _____
Website _____
7. Status of Industry Small Medium Large
8. Whether the unit is enrolled with
(a) State Directorate of Industries as SSI unit Yes No
(if so, attach copy)
(b) UAM registration No. :

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(c) D.G.T.D.: if so please give no. _____
(d) GST registration No.

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9. Please Tick Whether?

Private Limited	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>
Public Limited	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
10. Type of Membership sought

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

11. Annual Turnover of previous three years, in lakhs

Year 2017-18 Rs. _____
 Year 2018-19 Rs. _____
 Year 2019-20 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) GST | 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. 11,800/-+ 18% GST
Medium Scale	Rs. 5,900/-+ 18% GST
Small Scale	Rs. 3,100/-+ 18% GST
Associate Member	Rs. 5,900/- + 18% GST

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"/>		

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(c) No. of Unskilled employees

16. No. of shifts working

Single	<input type="checkbox"/>	Double	<input type="checkbox"/>	Triple	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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

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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) ISO 9001 :2015 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

If no, why _____ MBA Others

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 provided in the form will be kept confidential
(2) The cheque should be drawn in the name of MOHALI INDUSTRIES ASSOCIATION, payable at Mohali
(3) Form should be completed fully, signed and stamped at the time of submission along with 2 passport size photographs, a copy of UAM registration & GST registration.

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 after scrutiny of form

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

CHAIRMAN
MEMBERSHIP DEVELOPMENT
COMMITTEE

GEN. SECRETARY
[Signature Box]

PRESIDENT