1.

CAPITAL GOODS SKILL COUNCIL

Company/ Organization Name

MEMBERS

(Please fill details in block letters)

Name of the CMD/ Chief Executive/ 2. Institution/ Trade Association 3. **Address** Pin Code___ 5. Phone __ Email 6. Website Name & Designation of the Liasoning 7. **Authority** 8. **Email** 9. Mobile ☐ PSU/ DPSU ☐ Public Limited ☐ Private Sector (Public means Central/ State 10. undertaking) ☐ Joint Venture ☐ Trade Body 11. Scale ☐ Small ☐ Medium ☐ Large 12. **Nature of Activities** Capital Involved Total No. of Employees Sales Turnover GST CIN Year Established PAN Number TAN **Enclosure** List of Key Management Officials Company Profile Company Registration Certificate as per MSME or DD/Cheque authority **Membership Fees Details** The application form duly completed is subtributed. Fees of Rs. _____ by Cheque / DD No. ____ dated _____ in favour of "Capital Goods Skill Council". _____ in favour of "Capital Goods Skill Council". The application form duly completed is submitted along all the relevant document with Annual Membership drawn on Trade Association /NGO-INR 5000/- Annual. Corporate/ private organizations -INR 20,000 Annual **Authorised Signatory Name** Signature Designation Date FOR CGSC OFFICE USE ONLY

Membership Number _____ Approval Date _____ Authorised Signatory _____

For further details please contact: Capital Goods Skill Council