

**CONFEDERATION OF INDIAN PHARMACEUTICAL INDUSTRY (SSI) (Regd.)**

*Registered office : A-3/314, First Floor, Paschim Vihar, New Delhi-110063*

Mailing Address: 128 Lok Vihar Apartments, Vikaspuri, New Delhi-110018

**APPLICATION FOR MEMBERSHIP**

The Executive Secretary,  
Confederation of Indian Pharmaceutical Industry,  
218,Lok Vihar Appts., Vikaspuri, New Delhi-18

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 : \_\_\_\_\_

*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)