

(Please fill details in block letters)

CAPITAL GOODS SKILL COUNCIL

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

FOR CGSC OFFICE USE ONLY

Membership Number _____ Approval Date _____ Authorised Signatory _____

For further details please contact:

Capital Goods & Strategic Skill Council61-63, 2nd Floor, Panchkuian Road, Near metro Pillar no: 5,
New Delhi – 110001E-mail: industryrelations1@cgssc.org