

(Please fill details in block letters)

CAPITAL GOODS SKILL COUNCIL

1.	Company/ Organization Name	_____
2.	Name of the CMD/ Chief Executive/ Head	_____
3.	Institution/ Trade Association	_____
4.	Address	_____
		_____ Pin Code _____
5.	Phone _____	Email _____
6.	Website	_____
7.	Name & Designation of the Liasoning Authority	_____
8.	Email	_____
9.	Mobile	_____
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	_____
	Total No. of Employees	_____
	Sales Turnover _____	GST _____
	Year Established _____	CIN _____
	PAN Number _____	TAN _____
Enclosure		
➤ Company Profile ➤ DD/Cheque		➤ List of Key Management Officials ➤ 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 Council
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 New Delhi – 110001
 E-mail: industryrelations1@cgssc.org