APPLICATION FORM FOR MEMBERSHIP OF THE ELECTRICAL CONTACTORS' ASSOCIATION OF MAHARASHTRA





C (ESTD 1925(REGISTERED UNDER NON-TRADING CORPORATION ACT 1969) The Stock Exchange Tower, 1st Basement, Dalal Street, Mumbai 400001 Telefax: 2272 3667/68 E-mail : ecaminida@gmail.com

Date:

The General Secretary, Electrical Contactors' Association of Maharashtra The Stock Exchange Tower, 1st Basement, Dalal Street, Fort, Mumbai 400001



Dear Sir,

We intend to enlist ourselves as Life Member/ Licensed Members/ Associate Member of the Electrical Contactors' Association of Maharashtra.

We have read the aims and objects of the association and agree to abide by the Constitution and the bye-laws of the association and the rules and regulations there under in force from time to time. We give below details of our firm with names of Proprietors/ Partners/Directors, their qualifications, addresses etc. We will inform you changes, if any, from time to time.

1.	Name of the firm		:		
2.	Address		:		
			_		
	Tel/Fax		:		
	Email		:		
3.	Date and year of Establishment		:		
4.	Electrical Contractor's Licence No.		:		
5.	Name of Supervisor and his Permit N	D.	:		
6.	Residential Address of the supervisor		:		
7.	Shop Act No.		:		
8.	PAN No		:		
	Name of Partners/	Qualifications		Residential	Telephone
	Proprietors/Directors			Address	No
a)					
b)			<u> </u>		
			<u> </u>		
	(Add Extra aboat if requires	I)	·		
0	(Add Extra sheet if required				
8	A reference may be made, if necessar	y, about us to the following	ng membe	PC::	
	M/S.		M/S.		

9. The following Persons will represent us:a) Principal: Shri/Smtb) Alternate: Shri/Smt

10. Our Bankers are :

11. We are members of following Association:

12. We are members of the Electrical Contractors' Association of Maharashtra and we have pleasure in Recommending the application of M/s

Name & Address of the Proposer		Name & Address of the Seconder	
Momborship No	(Signaturo)	Momborshin No.	(Signatura)
Membership No.	(Signature)	Membership No.	(Signature)

(To be signed by the Proposer & Seconder by affixing Rubber Stamp of his firm. They should be a bonafide Member of ECAM)

13. We are Sending as Mentioned below Cheque/ Cash for the membership:

a) For Life Membership Entrance	Fee Rs.	500.00
(Holding Electrical Contractor's Licence) Life mem	bership Fees Rs.	5000.00
Members	ship Certificate Rs.	150.00
Identity C	Card Rs.	50.00
G.S.T. (A	s per Apply) @18% Rs.	1026.00
	Total Rs.	6726.00
b) For Licenced Member Entrance	Fee Rs.	500.00
(Holding Electrical Contractors Licence) Members	ship Subscription Rs.	500.00
Members	ship Certificate Rs	150.00
Identity (Card Rs.	50.00
G.S.T. (A	s per Apply) @18% Rs.	216.00
	Total Rs.	1416.00
c) For Associate Member/Consultants Entrance	Fee Rs.	2000.00
(Not holding Electrical Contractors Licence) Members	ship Subscription Rs.	1000.00
G.S.T. (A	s per Apply) @18% Rs.	540.00
	Total Rs.	3540.00

14. For outstation Cheque Rs. 100/- to be added extra as Bank Commission

Yours faithfully

To be Signed By Proprietor/Partner/Directors Affixing Rubber Stamp

(FOR OFFICE USE ONLY)

Date of receipt of the application

The above application was placed before Board od Directors for

Consideration in the Meeting held on

and Board decided as under:-

1. The Applicant Firm Should Be elected as Life Member/Licenced Member/Associate Member from above date

Date	
Life Member	
Member	
Associate Member	
Cheque & Date	
Cash & Date	
Copy of Licence	
Supervisors Permit	

Form may be typed/handwritten in Capital letters and send to ECAM.

NAME OF MEMBER FIRM	:
(IN CAPITAL LETTER)	
ECAM MEMBERSHIP NO	:
NAME OF PRINCIPAL REPRESTATIVE	:
Designation & Blood Group	:
Name of Alternate Representative	:
Designation & Blood Group	:
Office Address	:
	:
	:
	:
Telephone No(Office)	:
Telephone No(Resi.)	:
Mobile No	:
Whatsapp No	:
E-mail No.	:
Class of Membership	: LIFE / ORDINARY / ASSOCIATE MEMBER
Electrical Contractors Licence No &Date	:
Residential Address of	:
Principal Representative	:
Residential Address of	:
Alternative Representative	:
Sign Under Rubber Stamp	:
	(IN CAPITAL LETTER) ECAM MEMBERSHIP NO AME OF PRINCIPAL REPRESTATIVE Designation & Blood Group Name of Alternate Representative Designation & Blood Group (Mite of Alternate Representative Designation & Blood Group (Inter of Alternate Representative Nobile No (Inter of No(Nefsice) Nobile No (Nobile No (Nobile No (Nobile No (Inter of Membership Electrical Contractors Licence No &Date (Residential Address of Principal Representative (Residential Address of (Inter of No (Inter of No

Principal Representative

Alternative Representative

16. Rubber Stamp/Seal of Member firm