



THE KERALA STATE SMALL INDUSTRIES ASSOCIATION

X/26A, HMT Colony P.O., Kalamassery - 683 503, Cochin District
Ph : 0484 2532120, Fax : 2532118 E-mail - kssiastate@gmail.com, website - www.kssia.com

Photograph

MEMBERSHIP APPLICATION FORM

..... DISTRICT

Name of the Industrial Unit (In capital letters)			
Address in full (with pincode)			
Telephone No. with STD code			
	E-mail :	Website:	
SSI/MSME Registration No.& Date			
Date of Establishment			
Nature of Unit: Eg - Proprietary/Partnership/Private Ltd/Co-Society			
Nature of Industry: Eg - Wood/Steel/Plastic/Food/Rubber/Chemical/Leather/Drugs & Pharmaceuticals Etc.			
Items Manufactured:			
Name of the Proprietor/Mg.Partner/Mg.Partner/Secretary			

DECLARATION

I hereby declare that the information given above are true and correct to the best of my knowledge. I have read and understood the bylaws and rules governing the Kerala State Small Industries Association and I shall abide by them. I shall do my best to promote the aims of the Association.

I am remitting Rs. (Rs.) towards Admission and Membership Fees for one year by Cash/DD/Pay Order/ M.O. I request the admission of the Unit as a member of the Association

**Signature & Stamp of Proprietor/
Mg. Partner/ Mg. Director**

AUTHORISED REPRESENTATIVE E - (If required)

I hereby authorize my Father/Mother/Husband/Wife/Son/Daughter/Brother/Sister/ Mr/Ms..... to represent the Unit in the Association for all Association purposes and all occasions. His/Her specimen signature and photograph are given below.

Photograph of
Authorized
Representative

Signature of Authorized Representative

**Signature & Stamp of Proprietor/Mg.Partner/
Mg. Director/Secretary**

Place:

Date:

Proposer
(Active Member)

Signature.....

Seconder
(Active Member)

Signature.....

Name.....

Name.....

Address.....

Address.....

FOR DISTRICT COMMITTEE OFFICE USE

The above application was placed before the District Committee that met on
and M/s. was
admitted as a member of the Association with effect from.....

Stamp of the District Unit

Signature - President (District Unit)

Secretary (District Unit)

FOR STATE COMMITTEE OFFICE USE

Serial No, date and stamp of the State Committee

Signature General Secretary (State Committee)

**Has to be filled mandatory*

The following enclosures are to be submitted along with application form :

1. Copy of the SSI Reg. Certificate/Reg. Certificate of Part - I/II MSME
2. Local bodies licence / power allocation certificate / latest electricity bill / factories licence
3. Self attested photograph of the person authorized by the Unit