



# APPLICATION FORM

## CORPORATE MEMBERS

(Please fill details in block letters)

CAPITAL GOODS SKILL COUNCIL

1. **Name of the company / organization** \_\_\_\_\_
2. **Name of the Chief Executive** \_\_\_\_\_
3. **Designation of the Chief Executive** \_\_\_\_\_
4. **Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_
5. **Phone/Fax** \_\_\_\_\_
6. **Email** \_\_\_\_\_
7. **Website** \_\_\_\_\_
8. **Name of the Liaising Authority** \_\_\_\_\_
9. **Designation of Liaising Authority** \_\_\_\_\_
10. **Email** \_\_\_\_\_
11. **Phone/Mobile** \_\_\_\_\_
12. **Sector (Public means Central/State undertaking)**  
 Public     Public Limited     Private  
 Joint Venture
13. **Scale**  
 Small     Medium     Large  
 Textile Machinery  
 Plastic Machinery  
 Paper Machinery  
 Rubber Machinery  
 Tools, Dies & Moulds Making  
 Machine Tools  
 Power & Electrical Equipment  
 Process Plant Machinery  
 Light Engineering  
 Material Handling & Lifting Equipment  
 Agricultural Machinery  
 Earthmoving, Mining & Construction Equipment  
 Others (Please Specify)  
\_\_\_\_\_
14. **We are engaged in manufacturing of**

15. **Company Data**

- Capital Involved \_\_\_\_\_
- Sales Turnover \_\_\_\_\_
- Total No. of Employees \_\_\_\_\_
- Export \_\_\_\_\_
- Import \_\_\_\_\_
- Year Established \_\_\_\_\_
- CIN Number \_\_\_\_\_
- PAN Number \_\_\_\_\_
- TAN Number \_\_\_\_\_

**Membership Fees Details**Token Annual Membership Fees **Rs 2000/-** (Mandatory)**Enclosure**

- Company Profile
- Company Registration Certificate as per MSME or certification by the auditors/authority
- Latest Annual Report/Balance Sheet/ Audited Accounts
- List of Key Management Officials
- DD/Cheque

The application form duly completed is submitted along all the relevant document with Annual Membership Fees of **Rs 2000/-** by Cheque / DD No. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_

in favour of "**Capital Goods Skill Council**".

**We give our consent to abide by the Rules and Regulations of Capital Goods Skill Council.**

Signature

Date

Name

Designation

Place

**FOR CGSC OFFICE USE ONLY**

Membership Number \_\_\_\_\_ Approval Date \_\_\_\_\_

Approval Authority Signature \_\_\_\_\_

**For further details please contact:****Mr Harsh Kumar Chauhan**

Manager – Marketing &amp; Partnership

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Chief Operating Officer

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Email: [coo@cgsc.in](mailto:coo@cgsc.in)**Capital Goods Skill Council**

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