



MEMBERSHIP APPLICATION FORM (ALL DETAILS SHOULD BE IN CAPITAL LETTERS)

APPLICANT PROFILE

Name of Industries :

Correspondent Address :

Corporate Office :

Town : State : Code :

Contact Person :

Designation :

Phone : E-mail :

Fax : Website :

Branch Office :

Town : State : Code :

Contact Person :

Designation :

Phone : E-mail :

Fax : Website :

Work Address :

Town : State : Code :

Contact Person :

Designation :

Phone : E-mail :

Fax : Website :

Consultant / Reference :

Name :

Phone : E-mail :

INDUSTRIAL DETAILS

Nature of Industry :	Cement Plant	<input type="checkbox"/>	Fertilizer Plant	<input type="checkbox"/>	Incinerator Ash	<input type="checkbox"/>
	Chemical Plant	<input type="checkbox"/>	Automobiles plant	<input type="checkbox"/>	Rolling Mill	<input type="checkbox"/>
	Steel Plant	<input type="checkbox"/>	Engineering plant	<input type="checkbox"/>	Textile	<input type="checkbox"/>
	Pharmaceuticals Plant	<input type="checkbox"/>	Asbestos plant	<input type="checkbox"/>	Others	<input type="checkbox"/>
	Petrochemicals Plant	<input type="checkbox"/>	Ceramic plant	<input type="checkbox"/>		<input type="checkbox"/>
	Oil base Industries	<input type="checkbox"/>	Bulk drugs	<input type="checkbox"/>		<input type="checkbox"/>

Constitution of Company } Y / N	Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	Public Limited	<input type="checkbox"/>	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	<input type="checkbox"/>	Private Limited	<input type="checkbox"/>	<input type="checkbox"/>
	Society	<input type="checkbox"/>	<input type="checkbox"/>	HUF	<input type="checkbox"/>	<input type="checkbox"/>
	Association	<input type="checkbox"/>	<input type="checkbox"/>	LLP	<input type="checkbox"/>	<input type="checkbox"/>
	Govt. Agency	<input type="checkbox"/>	<input type="checkbox"/>			

Scale of Industry } Y / N	<input type="checkbox"/> Small Scale Industries	SSI No.
	<input type="checkbox"/> Medium Scale Industries	MSI No.
	<input type="checkbox"/> Large Scale Industries	LAI No.

GPCB Details :	Regional Off. :		
	GPCB ID :	CC & A No. :	Valid up to :

Association Details :	Association Name :	
	Membership No. :	Valid up to :

Production Details :	Name of Major Product	Production (TPA)

Waste Description :	Type of Waste	Category as per CC & A	Quantity TPA	Storage Capacity at Industries in MT

Mode of frequency at ECIPL (Y / N)	Daily	<input type="checkbox"/>	<input type="checkbox"/>	Half Yearly	<input type="checkbox"/>	<input type="checkbox"/>
	Weekly	<input type="checkbox"/>	<input type="checkbox"/>	Yearly	<input type="checkbox"/>	<input type="checkbox"/>
	Monthly	<input type="checkbox"/>	<input type="checkbox"/>	One Time	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL DETAILS

Membership Fee (Non Refundable)	Amount	DD No.	DD Date	Bank Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sample Testing Fees	Amount	DD No.	DD Date	Bank Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Documents to be attached with application form :

1. DD/RTGS slip of Membership Fess.
2. DD/RTGS slip of Sample Testing Fees.
3. Sample Form along with sample (500 gm solid)
4. Membership form with duly filled and sign with seal.
5. State Pollution Control Board certificate (CTE/CTO)
6. DIC Certificate (SSI/MSI)
7. Manufacturing Process flow diagram.
8. Pan Card Copy
9. List of Director/Proprietor/Partners along with address, contact number, email address on letter Pad.
10. Notarized Under taking on 100 Rs. Stamp paper.

I herewith give assurance that above mentioned information is true as per my knowledge & abide to me if any variation in this information may terminate our membership.

<p>Company Seal & Sign</p>	<p>Name of Authorized Signatory</p>
---------------------------------------	--