

(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 <input type="checkbox"/> Joint Venture <input type="checkbox"/> 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 _____		
<b>Enclosure</b>				
➤ Company Profile ➤ DD/Cheque		➤ List of Key Management Officials ➤ Company Registration Certificate as per MSME or authority		
<b>Membership Fees Details</b>				
The application form duly completed is submitted along all the relevant document with Annual Membership Fees of <b>Rs. _____</b> by Cheque / DD No. _____ dated _____ drawn on _____ in favour of <b>"Capital Goods Skill Council"</b> .				
<b>Trade Association /NGO-INR 5000/- Annual. Corporate/ private organizations -INR 20,000 Annual</b>				
<b>Signature</b> <b>Date</b>		<b>Authorised Signatory Name</b> <b>Designation</b>		

## FOR CGSC OFFICE USE ONLY

Membership Number \_\_\_\_\_ Approval Date \_\_\_\_\_ Authorised Signatory \_\_\_\_\_

For further details please contact:

Capital Goods &amp; Strategic Skill Council

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