

PARTICIPATION FORM

MEMBER CATEGORY: G

Growers Associations / Self Help Groups

A. Applicant's Details

Organisation Name			
Mailing Address			
City / Country		Nationality	
Phone / Fax Number			
Email Address		www	

B. SPOC Designee Details (Mandatory)

Name of Individual				
	Title	Forename	Middle Name	Surname
Date of Birth		Gender		
	DD /	Month /	YYYY	Male / Female
Position in Organisation		Nationality		
Phone Number		@ Email		
Mailing Address				
City / Country				

C. Organisation Details (Please mark 'X' in left column)

	FPO's		Self Help Group		NGO
	Cooperative		Consumer Organization		NPO
	Grower Association		Student Group		Others (Specify Below)-
	Social Enterprise		Welfare Group		

Year of formation		Areas of Influence		Core Interest	
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D. Organisation Description

Describe organisation and kindly provide details or references.

Please Use additional Sheet if necessary

E. Description of Interest (Please use additional sheet If necessary)

Kindly explain your interest in cold chain and your motivation to join NCCD. Please also provide a list of significant works and programmes accredited to your organisation.

Application Fee Details

DD/Cheque#:		Drawn On:	
Dated:		Amount ₹:	200.00

The details above represent application processing fee only membership to NCCD for as per terms of association.
Receipt of Payment does not imply implicit acceptance as member.

I/We have read and understood the terms and conditions of membership for association with NCCD.

I/We agree that further follow-up question in relation to cold chain interests as required by NCCD shall be provided. I/We am authorized by the organisation's board or governing council to apply for membership to NCCD and am designated to represent the organisation.

I/We confirm that we are not functioning to represent a federation of companies, as an industry/trade/employer's association or as industry or company advocacy group.

Any change to this declared authorization from the company shall be communicated to NCCD promptly.

Verification :

It is certified that the contents of the application are true to the best of my knowledge and belief and nothing that can effect membership has been concealed. I/We hereby apply for membership into NCCD.

Date:

Place:

Authorised Signatory

Note:

Membership is subject to Selection Committee approval. Membership is non transferable.

For Official Use Only

Date Application Received:

Date Application Filed for Director's Review:

Date Participation Accepted:

Membership Number allotted:

Date Membership communicated:

Remarks:

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Sd