

PARTICIPATION FORM

MEMBER CATEGORY: R

Educational Institutes and Centers of Excellence

A. Applicant Institution

Institution 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
Role in Institute			Nationality	
Phone Number		@ Email		
Mailing Address				
City / Country				

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

<input type="checkbox"/>	Learning & Training Centre	<input type="checkbox"/>	Infrastructure Design	<input type="checkbox"/>	Others (Specify below)
<input type="checkbox"/>	R&D Organization	<input type="checkbox"/>	Agri-Business	<input type="checkbox"/>	
<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Food Technology	<input type="checkbox"/>	
<input type="checkbox"/>	Management	<input type="checkbox"/>	Economics & Finance	<input type="checkbox"/>	
Year formed		Number of Students			

D. Description (Please attach additional sheet If necessary)

Describe Institution please - types of courses, industry affiliation, R&D facilities, Testing Laboratories, Management courses, research capabilities, etc

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 publications, awards or industry recognition accredited to you.

Application Fee Details

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

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

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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 institute's relevant board or governing council to apply for membership to NCCD on behalf of the institute.

Any change to this declared authorization from the institute 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:

Please attach a comprehensive detail of planned activities in Cold-chain. Membership is non transferable.

For Official Use Only

Date Application Received:

Date Application Filed for GC's Review:

Date Participation Accepted:

Membership Number allotted:

Date Membership communicated:

Date Membership Fees received / Membership confirmed:

Remarks:

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Sd