

PARTICIPATION FORM

MEMBER CATEGORY: A

Individual Associates

A. Applicant Details

Name of Applicant				
	Title	Forename	Middle Name	Surname
Mailing Address				
City / Country				
Phone/Fax Number				
Email Address		www		
Date of Birth			Gender	
	DD	/	Month	/
	YYYY		Male / Female	
Current Occupation	Professional, Student, Self employed, etc.		Nationality	
Qualifications	Vocational, Academic or Professional.			

B. Applicant's Affiliation (optional)

Affiliation with (1)	Employer, University, Club, Institution, etc.	Category	Student, Member, Employee, etc.
Duration	Year from, to.	@ Email	
Affiliation with (2)	Employer, University, Club, Institution, etc.	Category	Student, Member, Employee, etc.
Duration	Year from, to.	@ Email	
Affiliation with (3)	Employer, University, Club, Institution, etc.	Category	Student, Member, Employee, etc.
Duration	Year from, to.	@ Email	

Description of Interest (Please use additional sheet If necessary)

Kindly explain your interest and motivation to join NCCD.

'Category A' applicants are kindly advised to also submit their curriculum vitae with reference to professional affiliations, studies undertaken, professional plans, etc. for our records.

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.
Payment does not imply implicit acceptance as member.

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

I agree that further follow-up question in relation to cold chain interests as required by NCCD shall be provided.

Verification :

It is certified that the contents of the application are true to the best of my knowledge and belief and nothing that can affect my membership has been concealed.

I hereby apply for membership into NCCD.

Date:

Place:

Signature

Note:

'Category A' Membership is for Indian Citizens only; fees applicable are ₹ 10,000 per annum. Membership is non transferable and fees is non-refundable once membership is accepted.

For Official Use Only

Date Application Received:

Date Application Filed for Director's Review:

Date Participation Accepted:

Membership Number allotted:

Date Membership communicated:

Date Membership Fees received / Membership confirmed:

Remarks:

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Sd