



Indian National Suggestion Schemes' Association

MEMBERSHIP APPLICATION FORM

ORGANISATION NAME & ADDRESS		Date
		INDUSTRY Automobile Engineering Fertilizer Steel Others
Tel	E-Mail	ORGANISATION TYPE Pvt. Sector Public Joint Sector Others
PRODUCTS / SERVICES:		EMPLOYEES STRENGTH IN NOS
		SALES TURNOVER IN Rs.MILLION

EMPLOYEE INVOLVEMENT ACTIVITY

STATUS OF SUGGESTION SCHEME IN YOUR ORGANISATION Scheme in Operation Desirous of Introducing new scheme Scheme exists, but needs improvement No scheme exists, but interested in information	OTHER PROGRAMMES IN OPERATION. Quality Circles Small group Activity TQM / KAIZEN Others
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MEMBERSHIP INFORMATION

Type of Membership	Type	Corporate	Associate	Affiliate	Individual	Small Scale Industry as Corp.Mem. (Less than 50 Employees)	/ Indicate INSSAN Membership No of Parent Organisation
Entrance		`.1000/- + S.TAX	`.1000/- + S.TAX	`.1000/- + S.TAX	`.100/- + S.TAX	`.1000/- + S.TAX	EFFECTIVE 1/4/2014. PLEASE ADD 12.36 % AS SERVICE TAX ON TOTAL AMOUNT
Annual Subscription		`.5000/- + S.TAX	`.2500/- + S.TAX	`.2500/- + S.TAX	`.200/- + S.TAX	`.1000/- + S.TAX	

DETAILS	PRINCIPLE NOMINEE	ALTERNATE NOMINEE
NAME		
DESIGNATION		
ADDRESS (OFFICE)		
CONTACT DETAILS	E-mail: TEL:	E-mail: TEL:

SERVICES EXPECTED FROM INSSAN

PLEASE SPECIFY SERVICE REQUIREMENTS: Training in Scheme Management Participation in Workshops, Seminars Consultancy Participation in Contests, Convention Periodicals Promotional Material e.g., Calendars etc.	Any other requirements (Pl. specify)
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PAYMENT DETAILS

Cheque & DD No.:	Date :
Drawn on	Branch:
EFFECTIVE APRIL 1, 2015 SERVICE TAX IS PAYABLE ON ADMISSION & SUBSCRIPTION FEES @ 14 % .KINDLY ADD THIS AMOUNT TO THE TOTAL. NOTE: PROFESSIONAL FEES UP TO RS. 30,000/- IS EXEMPT FROM TDS UNDER IT –SECTION 194 J.	
Note: Please add ` 100/- for Banking Charges / Commission for outstation cheque, if not payable at par.	

DECLARATION

Our Organisation agrees to abide by the Memorandum of Association as well as the rules and regulations of the Association. We hereby declare that our nominees whose names are featured above, will represent our Organisation at the Annual General Meeting and shall be empowered to vote and to contest elections and shall be responsible for all correspondence with the Association. Any commitment by the nominees will be binding on us.	
Name of the Nominating Authority:	
Designation:	Signature

FOR OFFICE USE

Application Recd on:	Approved on :
Membership No. :	Effective from _____
Affiliated to Chapter:	APPROVAL

Membership accepted in the Mg. Council Meeting No. _____ Date _____

Proposed by:

Seconded by: _____ Membership Acceptance informed on _____

ADDRESS FOR CORRESPONDENCE

Kindly send this form duly filled in along with DD/ Cheque on this address

Indian National Suggestion Schemes Association

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