



INDIAN NATIONAL SUGGESTION SCHEMES' ASSOCIATION

MEMBERSHIP APPLICATION FORM

ORGANISATION NAME & ADDRESS				Date			
				INDUSTRY Automobile <input type="checkbox"/> Engineering <input type="checkbox"/> Fertilizer <input type="checkbox"/> Steel <input type="checkbox"/> Others <input type="checkbox"/>			
Land line no. <input type="text"/>		E-Mail		ORGANISATION TYPE Pvt. Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Joint Sector <input type="checkbox"/> Others <input type="checkbox"/>			
Mobile <input type="text"/>							
PRODUCTS / SERVICES:				EMPLOYEES STRENGTH IN NOS			
				SALES TURNOVER IN Rs.MILLION			
EMPLOYEE INVOLVEMENT ACTIVITY							
Status of Suggestion Scheme in Your Organisation <input type="checkbox"/> Scheme in Operation <input type="checkbox"/> Desirous of Introducing new scheme <input type="checkbox"/> Scheme exists, but needs improvement <input type="checkbox"/> No scheme exists, but interested in information				OTHER PROGRAMMES IN OPERATION <input type="checkbox"/> Quality Circles <input type="checkbox"/> Small group Activity <input type="checkbox"/> TQM / KAIZEN <input type="checkbox"/> Others			
MEMBERSHIP INFORMATION							
Type of Member ship	Type	Corporate	Associate	Affiliate*	Individual**	Small Scale Industry as Corp.Mem. (Less than 50 Employees)	*/ **Indicate INSSAN Membership No of Parent Organisation
	Entrance	₹1000/- + GST	₹1000/- + GST	₹1000/- + GST	₹100/- + GST	₹1000/- + GST	
	Annual Subscription	₹5500/- + GST	₹2500/- + GST	₹2500/- + GST	₹200/- + GST	₹1000/- + GST	GST @ 18% on Total Amount
DETAILS			PRINCIPAL NOMINEE			ALTERNATE NOMINEE	
NAME							
Designation							
ADDRESS (OFFICE)							
Contact Details			Email			Email	
			Tel.			Tel.	

SERVICES EXPECTED FROM INSSAN

PLEASE SPECIFY SERVICE REQUIREMENTS:	Any other requirements (Pl. specify)
<input type="checkbox"/> Training in Scheme Management	
<input type="checkbox"/> Participation in Workshops, Seminars	
<input type="checkbox"/> Consultancy	
<input type="checkbox"/> Participation in Contests, Convention	
<input type="checkbox"/> Periodicals	

PAYMENT DETAILS

Cheque & DD No.: _____ Date : _____

Drawn on _____ Branch: _____

Our GSTN. Registration No. is :

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You can also credit the amount of subscription through NEFT directly with the following details:

Banker	Bank of India, Kopri Colony Branch, Thane (East) 400 603, Maharashtra		
Branch : Kopri Colony	Kopri Colony Branch, Thane East		
Account No.	009110100012669	Bank MICR Code	40001307
Bank RTGS Code	BKID0000091	Bank Branch Code	KOPRI COLONY 0091
PAN No.	AAAAI0007N	GSTIN Regd.No.	27AAAAI0007N1ZW

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

APPROVAL

Affiliated to Chapter :

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

A 62, Satyam CHSL, Devidayal Nagar, Dr. Rajendra Prasad Road, Opp. Municipal Gen. Agarwal Hospital, Mulund-West, Mumbai-400080. Tel. 9820118501

E-mail: inssan87@gmail.com, inssanindia@gmail.com/ Website : www. inssanindia.com