



**BULK DRUG MANUFACTURERS ASSOCIATION (INDIA)**

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**ORDINARY / ASSOCIATE MEMBERSHIP APPLICATION FORM**

1. NAME OF THE COMPANY :
  
2. ADDRESS FOR CORRESPONDENCE WITH TELEPHONE, FAX, EMAIL & WEBSITE :
  
3. FACTORY ADDRESS :
  
4. NAME OF THE CHIEF EXECUTIVE WITH DESIGNATION :
  
5. RESIDENCE TELEPHONE NO MOBILE NO :
  
6. YEAR OF ESTABLISHMENT ROC, DRUG LICENCE ETC :
  
7. IEC NUMBER PAN NUMBER :

8. (A) PRODUCTS MANUFACTURED :

PRODUCT	INSTALLED CAPACITY	LAST YEAR'S PRODUCTION		LAST YEAR'S EXPORTS	
		QTY.	VAL.	QTY.	VAL.

(B) TURN OVER OF THE COMPANY FOR THE PAST THREE YEARS :

8. PAYMENT PARTICULARS :

D.D / CHQ.NO.	DATE	BANK NAME	AMOUNT

COMPANY SEAL

SIGNATURE

9. DETAILS OF THE PROPOSER

NAME OF THE PROPOSER COMPANY :

DESIGNATION :

NAME OF THE COMPANY :

MEMBERSHIP NO. :

SIGNATURE OF THE PROPOSER

FOR OFFICE USE

RECEIVED APPLICATION ON

SCRUTINISED BY

ACCEPTED IN E.C.MEETING ON