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**INDIA BUSINESS DISABILITY NETWORK**

 **A CII-ILO-EFI Partnership**

 MEMBERSHIP FORM FOR FOUNDER MEMBER

1. Name of the organisation…………………………………………………………………
2. Address ……………………………………………………...………………………………………

………………………………………………………………………………………………

…………………………………………………….Pin: …………………………………….

1. Tel No………………….……………………….. Mobile: ....………………………………

Fax: …………………………… E-mail: ……………………..……………………………

1. CII Membership No (if you are a member)

……………………………………………………………………………………………….

1. Contact Person ……….……………………………………………….…………………...
2. Designation ………………………………………………………………………………..
3. Size of the organisation:

   

1. Office Address ……………………………………………………………………………

……………………………………………………………………………………………….

……………………………………………………. Pin …………………………………….

1. Tel No………………..……….…………………… Fax …………………………………..

E-mail: ……………..………..………………………………………………………………..

1. Type of Organization

  

1. Type of Sector

 **Choose an item.**

 Others……………………………………………………………………………………..

**Payment details**

Cheque / Demand Draft No/ NEFT................................................................................... Dated.................................................................................................................................
for **INR 1000000/- (10 Lakh Only)** drawn on ..........................................................................................................................................
in favour of **Confederation of Indian Industry**, payable at par.

**For action at CII**

Receipt No…………………….dated…………………….for Rs…………………………… Rs.(In words)…...…………………………………………………………………. issued.

**Membership Serial No…………………………………..allotted and register**

Date**…………………………** Name & Signature of the Officer**…………………………**