

The SURGICAL MANUFACTURERS' & TRADERS ASSOCIATION

60, Daryaganj, NEW DELHI – 110 002.

Phone : +90 11 2327 1027 Telefax : +91 11 2325 8576

MEMBERSHIP APPLICATION FORM

The Secretary,
The Surgical Manufacturers' & Traders Association,

Dear Sir,

Please enroll my / our name as a member of The Surgical Manufacturers' & Traders Association. I / We
Here by agree with the Rules & Regulations of the Association and also agree to abide by the same. I / We hereby
enclose a sum of Rs. 19,000.00 Only, being the Membership Admission Fee of Rs. 15,000.00 &
Annual subscription Fee Rs. 4,000.00 from.....to.....By Cash / Cheque No.....
Dated.....drawn upon.....Bank,.....Branch.

NAME OF THE FIRM :

ADDRESS OF THE FIRM :

.....Phone :

ADDRESS OF BRANCH OFF. IF ANY :

.....Phone :

NAME/S AND ADDRESS/S OF 1.

PROPRIETOR / DIRECTORS /

PARTNERS OF THE

COMPANY / FIRM 2.

.....Phone :

3.

.....Phone :

YEAR OF ESTABLISHMENT PAN No.....

SALES TAX NO.....DT.....GST/VAT No.....TIN No.....

BANKER'S NAME & BRANCH

I/We hereby undertake to pay the yearly subscription fee & any other charges of the association regularly

Yours Faithfully

Dated.....

(Seal of the firm)

(Name & Signatures with Designation)

RECOMMENDATION TO BE MADE BY ANY TWO MEMBERS OF THE PRESENT EXECUTIVE BODY

We hereby introduce and recommend the above named firm for the membership to The Surgical Manufacturers' &
Traders Association and undertake that in case the said firm does not pay the Association's subscription and is expelled
from the membership on that account. We the undersigned would be equally liable to pay the amount due towards
him / them at that time.

Recommended by : Recommended by :
(Member Executive Body) (Member Executive Body)

Member Firm : Member Firm :

FOR OFFICE USE ONLY.

Received on.....

Accepted in the Meeting of the Executives held on.....

(Secretary)

(President)