

To  
The Chairman, Membership Committee, NCQM.

I / We wish to be \_\_\_\_\_ Member of NCQM and submit my / our application as under :  
I / We agree to subscribe to the objectives of the society and agree to abide by its rules and regulations.

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

*Application form for Membership of*



**National Centre for Quality Management**

FOR OFFICE USE ONLY				
Category		Sr. No.		

**Previous NCQM Membership**

Have you ever been a member of NCQM ?  Yes  No

If yes, when and category of membership ?

**Category Applied for**

PL - Patron for Life      CL - Corporate Life Member      SL - Senior Life Member  
PT - Patron Member      CM - Corporate Member      SM - Senior Member  
MI - Member (Individual)      IM - Institutional Member      ST - Student Member

**(PLEASE PRINT OR USE CAPITAL LETTERS)**

**Member Information required for Individual categories**

Name (Mr./ Ms. / Dr.)

First Name

Middle Name

Last Name

**Highest Qualification**  Diploma  Bachelors Degree  Masters Degree  Doctorate

Occupation

Company

Designation

Business Address

PIN :

Home Address

PIN :

STD Code / Business Telephone / Ext.

STD Code / Home Telephone

Website

E-Mail

Mobile

E-Mail

Preferred mailing address :  Business  Home

I would like to get SMS / whats app alerts on my Mobile No. \_\_\_\_\_

**(PLEASE PRINT OR USE CAPITAL LETTERS)**

**Information required for Corporate / Institutional / Patron membership**

Name of the Organization \_\_\_\_\_

Name of Managing Director/CEO \_\_\_\_\_

Name and designation of Nominee \_\_\_\_\_

Name and designation of alternate nominee \_\_\_\_\_

Address \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ PIN : \_\_\_\_\_

Phone : \_\_\_\_\_ Website : \_\_\_\_\_ E-mail : \_\_\_\_\_

Annual sales turnover : \_\_\_\_\_ Product & Services offered : \_\_\_\_\_

Total no. of employees : \_\_\_\_\_ Year of establishment : \_\_\_\_\_

**Were you referred to NCQM by another member/company? Please indicate.** \_\_\_\_\_

**Payment of Fees**

All cheques should be payable at Mumbai or payable at par cheques. DD / Cheque should be drawn in favour of '**National Centre for Quality Management**'. You can also pay by NEFT, RTGS transfer or through net banking.

DD / Cheque no. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_

drawn on Bank \_\_\_\_\_ Branch. \_\_\_\_\_

Please enclose payment cheque.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_ Designation : \_\_\_\_\_

<p><b>Head Office</b></p> <p>National Centre for Quality Management G - 503, Kailas Industrial Complex, Vikhroli - Hiranandani Link Road, Vikhroli (West), Mumbai - 400 079 Tel : (022) 25170483 / 69 , 40111962 Email : <a href="mailto:ncqm@vsnl.com">ncqm@vsnl.com</a> , <a href="mailto:ncqmmumbai@yahoo.co.in">ncqmmumbai@yahoo.co.in</a> Website : <a href="http://www.ncqm.com">www.ncqm.com</a></p>	<p><b>NCQM Extension Centre</b></p>
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**Extension Centres :** Ajmer Coimbatore Navi Mumbai Noida Pune