

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 : _____

Head Office National Centre for Quality Management G - 503, Kailas Industrial Complex, Vikhroli - Hiranandani Link Road, Vikhroli (West), Mumbai - 400 079 Tel : (022) 40111962, 25170483 / 69 Email : dr@ncqm.com , ncqmmumbai@yahoo.co.in Website : www.ncqm.com	NCQM Extension Centre
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Extension Centres : Ajmer Coimbatore Navi Mumbai Noida Pune