



THE INTERNATIONAL CENTRE GOA

**FORM OF APPLICATION FOR MEMBERSHIP UNDER RULE 4
Institutional Membership**

To,

The President
The International Centre, Goa
Goa University Road,
Goa. 403 004.
India

Sir,

1. I hereby apply for the membership of the Centre. The required particulars are attached herewith.
2. I abide by the rules and regulation of the Society to promote the furtherance of the objects of the Society.

Yours faithfully,

Executive Head

Date:

(Full Name, Signature & Office Seal)

Notes for the Applicant:

1. The form has to be filled in capital letters or typed.
2. Fields marked with * are mandatory to be filled.
3. All applications for membership are considered by the Admissions Committee whose decisions are final and binding.
4. Incomplete applications shall not be considered. The ICG reserves the right to accept or reject any application without assigning any reason whatsoever.
5. Membership Fee, along with applicable tax, shall be paid after approval of the membership.
6. This application form is valid only for a period of two years.
7. This application form to be collected from the ICG at the cost of Rs. 500/- + Tax as applicable (Non-refundable). In case the form is received by email or downloaded from ICG website, the cost of the form has to be paid at the time of submitting the form.

Category of Institutional Membership applying for: (please tick mark)

Corporate/Commercial

Academic/Universities/Statutory Bodies/Associates

PARTICULARS OF APPLICANT

* Name of Organization			
*Address of the Organization			
Type of Organization (Company, Partnership or Sole Trader)			
* Contact Numbers	Tel	Fax	E-mail
* Name of Executive Head Designation			
* Address of the Executive Head With contact details			
Date of Establishment			
* Nature of the Organization Please attach copy of Memorandum and Articles of Association or any Company Establishment Article			
Registration Number			
Registered Office			
Contact Person for Membership Matters: Tel Number: E-mail address:			

Extent of Business	Number of Employees	Capital	Current Turnover
	Revenue	Expenditure	
Any affiliated unit already a member of the Centre? If so, give details			
Member of any other Organization. If yes, give details			
Publications and Reports			

FOR OFFICE USE ONLY

Receipt ----- Date-----

Admitted on ----- Intimation sent on-----