



COUNCIL OF ALLIED SCIENCE OF INDIA

Corporate Office

974 Aggarwal Cyber Plaza 2 , Netaji Subhash Place

Pitampura , New Delhi 110 034

Tel : 1800-102-2398

Email: admin@councilofalliedscience.com

website: www.councilofalliedscience.com

ADMISSION FORM FOR CORPORATE MEMBERSHIP

We would like to apply for admission as

Corporate Member of CASI

1. Name of the Entity _____
2. Name and Designation of Chief Functionary _____
CEO (Chairman /Managing Director/ CEO /President /SG etc.)
3. List of Directors / Partners enclose: Yes / No
4. Name and Designation of Representative / Nominee (if Yes) _____
5. Address for Correspondence –

Tel..... Mobile:.....

Personal E-mail Official Email

a) Details of Branch (es), if any

6. Type of Entity - Please tick from given below: Partnership / Profit earning Institution
 (a) Company / Body Corporate (b) Sole Proprietary Concern (c) PSU's (d) LLP
 (e) Start-Up (f) Profit earning Institution (g) Societies
7. Year of Incorporation / Establishment.....
8. Nature of Business / Major Activities.....
 (a) Laboratory
 (b) Hospital
 (c) Institution
 (d) Others
9. Membership of other Associations / Council , if any.....
10. Name of Group Companies / Institution , if any.....
11. GST Registration Number.....N/A.....
12. Turnover as per last Audited Financial.....
13. Cheque No./UTR No.....Dated for Rs..15800/-.
 drawn onBank enclosed to “ **Council of Allied
 Science of India**” payable at New Delhi .

Authorised Signatory

Name along with Stamp

Document Enclose

1. ID proof
2. Company / Society Establishment Document
3. List of Director / Member
4. Other Documents If Any
5.