



THE VIZAGAPATAM CHAMBER OF COMMERCE & INDUSTRY

206,207, DUTT ISLAND COMPLEX, 1-1-47, SIRIPURAM, VISAKHAPATNAM-3
Email:info@vizagchamber.com, Tel: 0891-2502154 & +91 8897305931

YOUTH WING MEMBERSHIP APPLICATION FORM

To,
The Secretary,
The Vizagapatam Chamber of Commerce & Industry Youth Wing
Visakhapatnam-530003.
Sir,

I/We hereby apply for the **Regular** membership of **The Vizagapatam Chamber of Commerce and Industry Youth Wing.**

--

Details of Applicant:	
Name :	
S/o, D/o :	Nationality :
Mobile :	Email :
Address:	

Details of Organization:	
Name of the Organization :	
Annual Turnover :	Paid-up Capital :
PAN No :	Year of Establishment :
Telephone :	Mobile :
Email :	Website :
Name of the Bank :	A/c No :

Proposer	Secunder
Name :	Name :
Date :	Date :
Signature & Seal of the Proposer	Signature & Seal of the Secunder

Note*: The Proposer and Secunder should be the existing member of VCCI / VCCI Youth Wing

Annual & Entrance fee Youth Wing	Entrance Fee	Annual Fee
	3000	3000

***Note: GST Extra 18%**

Self-Declaration

- I agree to abide by the rules and regulations of the Chamber.
- I also understand that the enrolment into chamber is at the discretion of Managing Committee and its decision is final.
- I agree to pay the prescribed amount as "Entrance Fees /Annual Subscription fees/" as applicable, when due, or my membership will cease as per the articles of association of The Vizagapatam Chamber of Commerce & Industry Youth Wing.

Yours faithfully,

Name of the Person:

Signature:

FOR OFFICE USE ONLY

Application Received Date:	Application Approved Date:	
Entrance / Annual Fee Paid (Rs.)	Date	Receipt No
Annual Fee Paid (Rs.)	Date	Receipt No

General Manager:	Secretary :	President:
Date :	Date :	Date :

Please attach the following:

- 1) Address proof (telephone bill/Aadhar card)
- 2) PAN card
- 3) Two passport size photos

- 4) Aadhar card number for individuals, HUF and Firms
- 5) Regn. Certificate for Professional degree for practising Professionals only.