

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

Member Information required for Individual categories (PLEASE PRINT OR USE CAPITAL LETTERS)

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

Fax

E-Mail

Fax

E-Mail

Preferred mailing address : Home Business

Were you referred to NCQM by another member? Please indicate. _____

**Information required for Corporate / Institutional / Patron membership
(PLEASE PRINT OR USE CAPITAL LETTERS)**

Name of the Organization _____

Name of Managing Director/CEO _____

Name and designation of Nominee _____

Name and designation of alternate nominee _____

Address _____

PIN : _____

Phone : _____ Fax : _____ 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

DD / Cheque (for outstation cheque please add Rs. 100/-) should be drawn in favour of **National Centre for Quality Management**

DD / Cheque no. _____ dated _____ for Rs. _____

drawn on Bank _____ Branch. _____

Please enclose payment cheque.

Signature : _____

Date : _____ Designation : _____

Head Office

Executive Director
National Centre for Quality Management
501-503, G-Wing, 5th Floor, Kailas Industrial Complex,
Vikhroli-Hiranandani Link Road,
Parksite, Vikhroli (West) Mumbai - 400 079
Tel : (022) 25170483 / 25170469
Fax: (022) 25170144
Email : ncqm@vsnl.com &
ncqmmumbai@yahoo.co.in
Website : www.ncqm.com

NCQM Extension Centre,

Extension Centres : Ajmer Chennai Coimbatore Gurgaon Hyderabad Kolkata
 Kolhapur Nagpur Navi Mumbai Pune Rajkot Solapur