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**INDIA BUSINESS DISABILITY NETWORK**

**A CII-ILO-EFI Partnership**

MEMBERSHIP FORM

1. Name of the organisation…………………………………………………………………
2. Address ……………………………………………………...………………………………………

………………………………………………………………………………………………

…………………………………………………….Pin: …………………………………….

1. Tel No………………….……………………….. Mobile: ....………………………………

Fax: …………………………… E-mail: ……………………..……………………………

1. CII Membership No (if you are a member)

……………………………………………………………………………………………….

1. Contact Person ……….……………………………………………….…………………...
2. Designation ………………………………………………………………………………..
3. Size of the organisation:

  

1. Office Address ……………………………………………………………………………

……………………………………………………………………………………………….

……………………………………………………. Pin …………………………………….

1. Tel No………………..……….…………………… Fax …………………………………..

E-mail: ……………..………..………………………………………………………………

1. Type of Organization

 

1. Type of Sector

**Choose an item.**

Others……………………………………………………………………………………..

**For action at CII**

**Membership Serial No…………………………………..allotted and register**

Date**…………………………** Name & Signature of the Officer**…………………………..**