

## THE COIMBATORE PRODUCTIVITY COUNCIL

"Vyshnav Buildings" (4<sup>th</sup> Floor), Opp. To K.G. Cinema 95-A, Race Course, Coimbatore –641 018. Tamil Nadu, INDIA. Phone: 0422 - 2215727, 4393727, 2213762 Fax: 0422-4394727



E-Mail : cpc@cpccbe.org Website : cpccbe.org

## ( MEMBERSHIP APPLICATION FORM )

To,				INDIVIDUAL				
	Hon. Secretar	У,		LIFE MEMBER				
I request you to enrol me as a memb			nber of	SENIOR CITIZEN				
The Coimbatore Productivity Council.				STUDENT				
1.	Name (in Cap	ital Letters)	:					
2.	Father's/Husb	and's Name	·····	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
3.	Home Address	SS	·····		•••••			
			•••••		•••••			
			•••••	Pincode.				
4.	Date of Birth		: Day	Month	Year			
5.	Sex (M/F)		:					
6.	Academic/Pro	fessional Qualificat	ion :					
7.	Organisation:	Name & Address	·····	•••••	•••••			
			:					
			:					
			Phone(O)	(R) :	Fax :			
			Mobile :					
			E-mail :					
			Preferred Mailing	Address H	ome Office			
8. Your current designation			······					
9.	Date of Appo	intment	:	<b>:</b>				
<ol> <li>Experience as Supervisor or Executive cadre as on date (No. of Years)</li> </ol>		:						
11.	. Past Experienc	e:						
	From	То	Designation	Organisation ar	nd Job Details			
-								

	Title	Pul	olication / Occas	sion	Date		Remai	rks
3	Membe	rship of ot	her bodies if an	1 <b>y</b>				
Ins	titution	Category	Professional Re	emarks	Social / Ser	vice Categ	gory	Remarks
4.	Any oth	er informa	tion				I	
5.	Enclosed	d please fin	by the Memorand Cheque / Cash	for Rs.	(Rupe	es		
	2. Th	ne Year for m	re to be drawn in 1 nembership is from	n April t	to March	batore Pr	oducti	-
6.	4. <b>S</b>	ubscription (	ing after Septemb and full Entrance for 12.36% applica	ees exc		oay only Ha	alf the ra	ate of Annua
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	4. SINTROD	ubscription ervice Tax UCED BY:	and full Entrance for 12.36% application	ees exc able. ip Certi	ificate Number	Signa	ature w	rith Date
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