



Counsellor Council of India

PARTNER / MEMBERSHIP APPLICATION FORM

To,
The Chairman
Counsellor Council of India

Dear Sir,

We desire to be enrolled as Annual / Permanent Member of the Counsellor Council of India. We have read the Rules and Regulations of your Council and agree to abide by the same. Please find herewith a Banker's Cheque / Draft No./ Transaction No _____ dated.....drawn on _____ (payable at Rewa MP) for an amount of Rupees _____ being the registration fee and annual subscription for one year / permanent membership fee.

We hereby declare that we fulfil the eligibility criteria for membership of CCI and the particulars given in the application are true and correct to the best of our knowledge and belief.

Yours faithfully

Date : _____ Name : _____
Place : _____ Designation : _____
Address : _____
For and on behalf of :

<u>Membership Fees</u>		
Registration Fee	:	Rs.
Annual Subscription	:	Rs.
Permanent Membership-Subscription	:	Rs.

FOR OFFICE USE ONLY

Eligibility Category:
Correct Filled application received on:
Amount received Rs. _____ Receipt No. _____ Date: _____
Accepted by the Board of Governors at meeting held on: _____ at (place): _____

PARTICULARS OF THE ORGANISATION

(Note: Please type or fill below in Capital letters. Attach separate sheets wherever required)

1. Name and full Address of the Organisation:

Telephone

Number(s): Fax

Number(s): E-mail:

Web Site:

2. Nature of Activities / business:

3. Name, Designation and Address of two Nominees duly authorized to attend CCI General Body Meetings (If Required)

(i) Name of Nominee:

Designation:

Address:

Telephone:

Fax:

E-mail:

(ii) Name of Nominee:

Designation:

Address:

Telephone:

Fax:

E-mail:

4. A brief about the Counsellor/ Organisation:

a. Year of establishment:

b. Legal Status of the Organisation By Act of legislature / equivalent Registered within Indian Union under an Act Indian National Chapter of recognized international professional body. Any other (please specify)

c. No. of Members : i. Organisation :

ii. Individuals :

iii. Counsellor out of Individual member :

5. We attach herewith the Annual Report / Audited Statement of Accounts and Balance Sheets of the Organisation for the past two years.