**To**

Secretary

The All India Glass Manufacturers’ Federation

812 New Delhi House, 27 Barakhamba Road

New Delhi – 110 001

**Application for enrolment as Affiliate Member of the AIGMF**

Dear Sir,

I / we wish to be enrolled as an Affiliate Member of The All India Glass Manufacturers’ Federation. I / we enclose a Cheque / Demand Draft No. ………………….dated…………………… for Rs. 20,060/- towards Membership, of which Rs. 5,000/- is the admission fee, Rs. 12,000/- as annual subscription for the year 2024-25 and Rs. 3,060/- is GST @ 18%.

**or**

I / we enclose a Cheque / Demand Draft No. …………………. dated………..………… for Rs. 64,900/- towards Membership, of which Rs. 55,000/- annual subscription for the 5 years and Rs. 9,900/- is GST @ 18%.

**Payment can also be remitted through wire transfer (deposit cash or make NEFT-online payment). Our Bank Details are as under:**

Account No. : 0411156983

Name : The All India Glass Manufacturers' Federation

Bank : Kotak Mahindra Bank

Branch : 1st Floor, G-39, Connaught Place, New Delhi -110001

IFSC Code : KKBK0000214

*(A copy of bank advice may please be sent to us for reconciliation)*

**I / we are associated with the Glass Industry as:**

(a) Manufacturers of raw materials/machinery required by the Glass Industry. (Please state the details of item

handled)

(b) Suppliers of raw material/moulds/spare parts/machinery etc. required by the Glass Industry.

(Please specify details)

(c) Agents / Stockiest of Refractories or any other items of use to the Glass Industry. (Please state the details of Principal, etc.)

(d) Consultants

(e) Any other capacity

I / we agree to abide by the Rules & Regulations of The All India Glass Manufacturers’ Federation.

The name of our Representative shall be ………………………..…………………………Signature………………………..…………………

 Company Seal:

Address: ……………..……………………..…………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………… Tel : ……………..……………………..………………………….. Fax : ……………..……………………..…………………………..

Mobile : ……………..……………………..………………………….. Email : ……………..……………………..…………………………..

GSTIN : ……………..……………………..………………………….. CIN : ……………..……………………..…………………………..

***----------------------------------------------------------(For AIGMF office use only) ----------------------------------------------------------***

Approved in Meeting of the Executive Committee held on …………………………..

**Note:** Cheque for payment of subscription and admission fee to be drawn in favour of The All India Glass Manufacturers’ Federation payable at New Delhi.