



# Association of Dental Industry & Trade of India

3, Local Shopping Centre, MOR Land, Near J Block,  
D.D.A, Market, New Rajender Nagar, New Delhi-110060(INDIA)

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## NEW MEMBERSHIP

REGD. NO. S/20884 of 1990

Date :

### APPLICATION FORM

<b>ZONE: NZ</b>		<b>/ EZ</b>		<b>/ WZ</b>		<b>/ SZ</b>		<b>(Please ✓ your zone)</b>
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<b>Name Of Company</b>			
<b>Office Address</b>			
<b>Tel. No</b>		<b>Cell No</b>	
<b>E-Mail</b>		<b>Web Address</b>	
<b>Tin No</b>		<b>G.S.T. No</b>	
<b>PAN No</b>		<b>I.E. Code No</b>	

#### NAME OF PROPRIETOR / PARTNERS / DIRECTORS:

	<b>Name</b>	<b>Designation</b>
1.		
2.		
3.		
4.		
5.		
6.		

<b>Name Of Principal Representative</b>			
<b>Name Of Secondary Representative</b>			
<b>Residential Address</b>			
<b>Tel.</b>		<b>Mobile No.</b>	

<b>Proposed By</b>		<b>Seconded By</b>	
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<b>Signature</b>	_____	<b>Signature</b>	_____
<b>With Rubber Stamp &amp; Date</b>		<b>With Rubber Stamp &amp; Date</b>	

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**DECLARATION:**

I declare that I have read through the details of the ADITI Application Form, the Constitution, Bye-Laws, Code of Ethics & professional conduct and resolve to abide by them. Our firm is solely registered as Indian Company under category of Proprietor /Partnership/Pvt. Ltd. / Public Ltd/ others (pl specify). Neither our firm nor I have been convicted by any court of law. Our firm is not engaged in any activity Detrimental to the interest of any association. The information provided by me is true & I hereby submit my application for membership to ADITI.

<b>Signature Of Applicant</b>	
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**With Rubber Stamp & Date:****NOTE:*****SUBMIT THIS APPLICATION FORM IN TRIPLICATE TO RESPECTIVE ZONAL SECRETARY***