

To,



Website: https://www.nashikit.com | E-mail: Info@nashikit.com

Form No.:

Address :- 1st Floor, Vijay Chambers, Opp. Cricket Ground, Mahatma Nagar, Nashik - 422007. Tel.: + 91-253-2364155

Application for Associate Membership

You can join NITA online at https://www.nashikit.com_OR Complete this application and send with payment by post/courier on by hand to NITA, Nashik.

The Hon. Secretary,			
Nashik Information Technology Association (NITA)		For office use only	
1 st Floor, Vijay Chambers	Opp. Cricket Ground, Mahatma	Membership No.	
Nagar, Nashik - 422 007	,	Receipt No.	
		Receipt Date.	
Specific instructions fo	r completing the form:		
	ns in the application form should be con I, if these fields have not be completed t		
I hereby apply for Associ & Byelaws of NITA and t	ate Membership. On approval of Membership. On approval of Membership.	ership, I shall abide by the	• Constitution
Business Name *			
Registration No./			
Udyog Aadhaar No. *			
Address *			
Business Website			
Email ID *			
Landline Number	Mobile Nu	umber *	
Business			
Directors / Partners	1		
	2		
	3		

Name of Person Representing *		
Designation *		
Business Details *:		
Type of Business	Product Services	Year of Establishment:
Number of employees	1-10 11-50	51-500 500+
Membership Fees Details Cheque No.: Bank Name:	*:	Date: / /
Amount (in words):		
Membership Rules and Ro	egulations:	
	e Membership: isations having its operations in Nashik Information Technology (IT)" only.	District and is involved in Product and
 a. Self-Attested Photoc b. Self-Attested Photoc Certificate of Incorpc c. Self-Attested Photoc proprietors / Authoriz 	copy of Company Identity Proof: PAN Coration. copy of Individual: PAN Card and Aadhazed Signatories. or Partnership Company/Business (More	est Telephone Bill / Shop Act License / Electricity Bi Card and Shop Act License / Udyog Aadhaar / aar Card of the directors / partners /
Re-registration as a	5000/- (Rupees Five Thousand Only) (n member) n 1000/- per year (Rupees One Thousa	
Or electronically to t Such application sha	he Office of the Secretary.	eted application forms shall be delivered physically nmittee who may accept or reject or deal, ommittee will be final.
I agree with my company nar material of NITA.	me and details to be included in the me	embership lists and in any promotional
Code of Ethics. : Undertal	king	

The Company would be represented in NITA by the following person. Letter of Authorization to be attached.

Place: Date: / / Signature and Stamp

maintaining high standards of integrity and professionalism. I was not a member of NITA earlier.

matter

I affirm that as a NITA member, I shall abide by the Code of Ethics of the Nashik Information Technology Association (NITA). I further undertake that I shall uphold the fair name of the Nashik Information technology Association by

I am aware that my breach of the Code of Ethics may lead to disciplinary action against me under the Byelaws and rules of the NITA. I hereby confirm that I shall be bound by any decision taken by the Executive Committee in such