



## Indian Machine Tool Manufacturers' Association

BIEC, 10th Mile, Tumkur Road, Madavara Post, Bangalore – 562 123 (Karnataka), India  
Tel: +91-80-66246600 Fax: +91-80-66246661, E-mail: [membership@imtma.in](mailto:membership@imtma.in), Website: [www.imtma.in](http://www.imtma.in)  
Regd. Office : C/o Kalyaniwalla Mistry & Associates, Plant No. 13, Extension Office, Godrej Campus, Vikroli East, Mumbai – 400 070  
CIN: U29290MH1973GAP016420

### MEMBERSHIP APPLICATION FORM

FOR OFFICE USE

#### IMPORTANT

- (1) Tick (☑) whichever is applicable
- (2) Application without correction remittance and leaflets/catalogues will not be considered.
- (3) Please attach extra sheets wherever needed.

The Secretary  
Indian Machine Tool Manufacturers' Association  
10<sup>th</sup> Mile, Tumkur Road  
Madavara Post  
Bangalore – 562 123 (Karnataka)

I/we have read the Rules and Regulations of Membership and wish to enroll as member of the Indian Machine Tool Manufacturers' Association in the following category: **(Ref. Annexure 1 – Rules & Regulations)**

Category I	<input type="checkbox"/>			REFER TO ANNEXURE I
Category II A	<input type="checkbox"/>	Category II B	<input type="checkbox"/>	
Category III A	<input type="checkbox"/>	Category III B	<input type="checkbox"/>	
Category IV	<input type="checkbox"/>	Associate	<input type="checkbox"/>	

I/we agree to abide by the Articles of the Association of Indian Machine Tool Manufacturers' Association.

Extract of the clauses relating to membership Subscription & Voting Rights of members is enclosed **(Ref. Annexure 1)**.

REFER TO ANNEXURE 1 (Page 2 & 3) TO ASCERTAIN AMOUNT PAYABLE

#### A. COMPANY PROFILE

A.1 Name of the Company .....

A.2 Year of establishment

A.3 Status ☐ Sole Proprietary ☐ Partnership ☐ Pvt. Ltd. Co. ☐ Ltd. Co. ☐ PSU ☐ MNC

☐ Others (Specify category or status)

A.4 Name of Partners/Directors 1..... 2..... 3 .....

A.5 If ISO Certified Co.: ISO 9000 ☐ A.6 Any other ☐

(Please provide copy of ISO | Any other Certified as applicable)

Format No/Revision No/ Rev. date

F22/06/22 June 2022

Registered Office Address	Correspondence Address
..... ..... ..... ..... PIN ..... Phone ..... E-mail ..... Website .....	..... ..... ..... ..... PIN ..... Phone ..... E-mail .....
Works - 1	Works – 2
..... ..... ..... ..... PIN ..... Phone ..... E-mail .....	..... ..... ..... ..... PIN ..... Phone ..... E-mail .....

A.7 We wish to nominate following Authorised Registered Representatives of our Company to the Association:

	Name	Designation	Email	Phone (Dir / Mob)	Signature
Principal Person					
Alternative Person					
For Correspondence					

A.8 Our activity in the field of Machine Tool is:

- ☐ Manufacturing  
☐ Distribution of indigenous M/c Tool Products  
☐ Merchant Exporter of Machine Tools  
☐ Importer of Machine Tools

A.9. We are: ☐ Micro / Small Company ☐ Non Micro / Small Company  
(Micro Company: Whose Annual Turn Over is less than 5 Crs.; Small Company: Whose Annual Turn Over is between 5 to 50 Crs.)

If Micro / Small Company: Udyam Regn. Certificate No..... Date.....Valid till.....(Attach Copy)

A.10. No. of persons employed: Workers.....Designers.....Engineers.....Others.....Total.....

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**B. MANUFACTURING ACTIVITY** *(For products under Machine Tools Groups)*

**\* REFER TO ANNEXURE 1 (Page 4, 5 & 6) TO DETERMINE IN WHICH GROUP YOUR PRODUCT FALLS / HS CODES**

B.1 Products manufactured by us:

(Harmonised System Code)	Product Description	Production Value during last Financial Year (in Rs. Crs)	
		<u>Nos.</u>	<u>Value</u>
Group A*			
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
Group B*			
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
Group C*			
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**B.2 Investment in Plant and Machinery (Rs./ Crs)**

(a) Original Purchase Value (Rs. Crs) .....

(b) Written down value as per the books of Accounts (Rs. Crs) ..... As on..... (Fiscal year)

**B.3 Foreign Collaborations, if any**

(Please attach copy of collaboration agreement)

Name & Address	Products	Valid till
(1)		
.....	.....	.....
.....	.....	.....
(2)		
.....	.....	.....
.....	.....	.....
(3)		
.....	.....	.....
.....	.....	.....

**C. FOR AGENTS/DISTRIBUTION UNITS****C.1 Principals – INDIAN**

Name & Address	Products
(1)	
.....	.....
.....	.....
(2)	
.....	.....
.....	.....
(3)	
.....	.....
.....	.....
Sales during last Financial Year (Rs./Crs) .....	

## C.2 Principals – FOREIGN

Name & Address	Products
(1)	
.....	.....
.....	.....
(2)	
.....	.....
.....	.....
(3)	
.....	.....
.....	.....
.....	.....
Sales during last Financial Year (Rs./Cr) .....	

## C.3 Membership of other Associations

1. .... M No. ....
2. .... M No. ....
3. .... M No. ....

C.4 Awards Received if any .....

### **Mandatory Enclosures:**

1. Company Brochure
2. One set of Product Catalogue
3. Copy of Statement of Accounts ( Balance Sheet & P & LA/c) with Auditor's Report if any for last completed Financial year
4. Copy of Udyam Registration Certificate
5. Manufacturing License **(if applicable)**
6. Proposal letter to be signed by any existing member as per **Annexure II**
7. Entrance fee and Annual subscription fee to paid through NEFT/RTGS within 7 days, upon intimation by IMTMA secretariat
8. In case of Partnership – Registration Certificate under Partnership Act (if obtained) and copy of Partnership Deed.
9. In case of companies: MOA, AOA and Certificate of Incorporation.
10. Provide CIN Number & PAN Number of the Company
11. Provide Nomination Details in case of Sole Proprietor Firm.
12. GST Registration Certificate (as per **Annexure III**)
13. Chartered Accountant Certificate (Confirming and certifying that company would continue to qualify to be MICRO / SMALL enterprise as defined under MSME Act, 2020).

**Declaration**

**We hereby confirm that we have understood the important rules regarding membership subscription furnished by IMTMA, and that the facts stated in this application are true to the best of our knowledge and belief. We are also aware that our membership acceptance is at the sole discretion of IMTMA.**

Company's  
Rubber Stamp

Yours faithfully,

.....

Name:

Designation:

**FOR THE USE OF IMTMA OFFICE**

GENERAL REMARKS: .....

.....

Recommendation of Membership Selection Committee: .....

.....

.....

PLACED BEFORE ..... EXECUTIVE COMMITTEE MEETING HELD ON .....

AT .....

☐

APPROVED ENROLEMENT AS..... MEMBER

☐

ENROLMENT NOT APPROVED

SIGNATURE