



# Indian Machine Tool Manufacturers' Association

10th Mile, Tumkur Road, Madavara Post, Bangalore – 562 123 (Karnataka), India

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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"/>			<b>REFER TO ANNEXURE I</b>
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 have enclosed herewith our Cheque payable on par bearing no.....dated.....  
 for Rs.....drawn on..... Bank payable on par towards Entrance  
 and Annual Subscription fee for the current year.

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 ASCERTIAN 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)

Registered Office Address	Correspondence Address
<p>.....</p> <p>.....</p> <p>.....</p> <p>..... PIN .....</p> <p>Phone ..... Fax .....</p> <p>E-mail .....</p> <p>Website .....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>..... PIN .....</p> <p>Phone ..... Fax .....</p> <p>E-mail .....</p>
Works - 1	Works - 2
<p>.....</p> <p>.....</p> <p>.....</p> <p>..... PIN .....</p> <p>Phone ..... Fax .....</p> <p>E-mail .....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>..... PIN .....</p> <p>Phone ..... Fax .....</p> <p>E-mail .....</p>

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:  SSI Unit  Non SSI Unit  Micro companies / entities

If SSI unit: Certificate No. .... Date ..... Valid till ..... (Attach Copy)

A.10 Number of Persons Employed: Workers ..... Designers ..... Engineers ..... Others ..... Total .....

Format No/Revision No/ Rev. date

**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 Manufacturing by us:

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

**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. ....
4. .... M No. ....
5. .... M No. ....

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

### Mandatory Enclosures:

1. Company Brochure
2. One set of Product Catalogue
3. Copy of Statement of Account ( Balance Sheet & P & LA/c) with Auditor's Report if any for last completed Financial year
4. Copy of SSI Certificate
5. Manufacturing License **(if applicable)**
6. Proposal letter to be signed by any existing member as per **Annexure II**
7. Cheque payable on par only
8. Registration Certificate under VAT / Commercial Taxes – for all status as per A.3 provided under Company Profile.
9. In case of Partnership – Registration Certificate under Partnership Act (if obtained) and copy of Partnership Deed.
10. In case of companies: MOA, AOA and Certificate of Incorporation.
11. Provide CIN Number & PAN Number of the Company
12. Provide Nomination Details in case of Sole Proprietor Firm.
13. GST Registration Certificate (as per **Annexure III**)
14. Chartered Accountant Certificate (Confirming and certifying that company would continue to qualify to be MICRO / SMALL enterprise as defined under MSME Act, 2006).

Format No/Revision No/ Rev. date

F21/03/25 Sept 2018

**Declaration**

**We hereby confirm 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: .....

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

AT .....

APPROVED ENROLEMENT AS ..... MEMBER

ENROLMENT NOT APPROVED

SIGNATURE