



INFORMATION TECHNOLOGY ASSOCIATION OF SILVASSA

Member Registration Form

Form No. : _____

a) Company Name : _____

b) Registered Address : _____

c) Firm Constitution : Partnership / Proprietary / Pvt. Ltd. / Others (Specify) _____

d) Nature of Business : Hardware / Software / Peripherals / Others (Specify) _____

e) Office Phone No. : _____

g) Firm Established In : _____ GST NO: _____

h) **Representing Person :**

Name : _____ Designation: _____

Cell No. : _____ E-mail I/D : _____

Blood Group : _____ Date of Birth: ____/____/____

Marital Status : _____ Residence Phone No. : _____

Residential Address: _____

Representative:-

Signature: _____

Photo

j) **Company Stamp / Seal :**

for ITAS Office Use Only :

Membership No. : _____

Fees Receipt No. : _____

(President)

(Secretary)

(Treasurer)