

COUNCIL OF VIBRATION SPECIALISTS

(Registered on 25 January 2021, under Section 8, Companies Act)
Email: cvs.hqs@covs.in; covshqs@gmail.com Web: www.covs.in
HQs & Reg. Office: In Premise of 'Center for Reliability and Diagnostics'
Office- 802, Plot-273, ZION, Sector-10, Kharghar, Navi Mumbai- 410 210, Maharashtra, India
Mobile: 8805022148/9967015176

Diagnostics and Prognostics, The MECHANISM for the pressing problems of Machines in Motion

APPLICATION FOR PROFESSIONAL MEMBERSHIP

(Scanned filled form with required attachments shall be sent as e- copy to $\underline{covshqs@gmail.com}$ and hard copy of application to be sent to headquarter address, $\underline{cvs.hqs@covs.in}$)

Select appropriate boxes by placing $\sqrt{}$

1. Membership Appl	ied for:		
LIFE		ANNUAL	
Category of Members	ship (Before selecting	g, Kindly check Membersh	ip Information Document)
STUDENT		MEMBER	
SR. MEMBER		FELLOW	
2. PERSONAL DET	AILS:		
NAME:			
			• •
			••
3. Date of Birth:			
4. Gender:	Male	Female	
5. Office Address:			
6. Res. Address:			
7. Contact Details:			
Phone No.:	ema	iil id:	

Sr. Name of Examination No. passed			Year of Passing		anch/Program	Name of Board/University and address	
	fessional Experienc						
Sr. No.	Post held/Designation	Perio From	d/Duration To	on	Place of Posting	Full Name and Address of Employer	
0. Pro	ofessional experien	ce relate	ed to vib	oratio	n field, if any		
			number to	be m	entioned separa	tely in conference and Journa	
0417	separate list to be attac	shad)					

12. Membership of any other professional body:

13. Details of Payment: (For fee amount to be paid kindly see the last page of form)
(A). NEFT/RTGS/IMPS/Online Net Banking Transfer to CVS Account, please mention the following
Beneficiary Name: Council of Vibration Specialists
Amount in Rs.:
Account Type: Current Account No.: 10067765797 IFSC Code: IDFB0040134
Bank Name and Branch: IDFC FIRST BANK, KHARGHAR BRANCH, GR Floor, Shop No. 07, Kharghar, Raigad 410210 May pay by QR
Transactions Date: Name of Bank and Branch:
Transaction ID/UTR No./Payment Reference No.:
After NEFT/Online Net Banking Transfer to CVS Account, please enclose the transaction slip generated.
(B). In case of payment by Draft
Draft No.: Amount in Rs.:
Date:
Name of Bank & Branch:
(C) DETAILS OF BANK ACCOUNT OF THE CANDIDATE (Necessary in case of refund of Fees)
Account holder's Name:
Name of the Bank & Branch:
Account number: IFSC Code:
Note:- Please enclose i) Cancelled cheque leaf bearing the Name of A/C holder OR ii) photocopy of the first page of bank pass book containing name of A/C holder, A/C No., IFS Code
Undertaking
I, the undersigned, hereby certify that the above information provided by me is true and correct. I agree that, in the event of being elected to any category of membership, I will be bound to obey the provisions of the constitution and bye-laws of the Council of Vibration Specialists as they exist now or as they may hereafter be modified from time to time. I solemnly say that I will give my best to the cause of furthering the objectives of CVS.
Date: Signature of Applicant

14.	Recommended	and Veri	fied by (Governing (Council I	Member:

The applicant is known to me personally for years. I recommend that the applicant may be considered for membership in the category of

Name and Signature of GC member:

For office use only

Annual membership fees (excluding applicable government taxes):

Member Category	Fees + GST
Member	₹ 1180/-
Senior Member	₹ 1416/-
Fellow Member	₹ 1770/-
Student member	Refer Annexure E

<u>Life membership fees (one time) (excluding applicable government taxes):</u>

Member Category	Fees + GST
Member	₹ 4700/-
Senior Member	₹ 5900/-
Fellow Member	₹ 7080/-
Intuitional member	₹ 35400 (2 members)
Corporate member	₹ 47200 (2 members)

Life membership fees (OVERSEAS, excluding applicable all government taxes)

Member Category	Fees
Member	\$ 100/-
Senior Member	\$ 125/-
Fellow Member	\$ 150/-
Student member	\$ 50/-
Corporate member	\$ 700 (2 Members)

Overseas Student membership fee of \$ 50/- (one-time fees during their studies in anyInstitute/ University)

Office Action

Application Ref. No.	:
Category of membership appli	ed:

Date : Processed on :

Approved category of membership: Membership No. : Remarks :