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-410210, Maharashtra, India
Mobile: 8805022148/ 9967015176, CIN: **U73200MH2021NPL354115**, GST: **27AAJCC2544H1ZO**

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

APPLICATION FOR INSTITUTIONAL/ CORPORATE MEMBERSHIP

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

1. Membership Applied for:

   LIFE   placing √

2. Name of Institute/Industry/Organisation:

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   ....
   ....

3. Name and Designation of responsible person of Institute/Industry/Organisation:

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   ....

4. Contact Details:

   Phone No.:   email id:

5. Brief Description of Institute/Industry/Organisation:

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   ....
   ....
   ....

6. 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, Ground Floor, Shop No. 04, 05 & 06, Plot No.- 28, Vaibhav CHSL, Sector-11, Kharghar, Navi Mumbai – 410210, Maharashtra, India**

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 APPLICANT (Necessary in cases 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

On behalf of Institute/Organization, hereby certify that the above information provided by Institute/organization is true and correct. We agree that, in the event of being elected to any category of membership, Institute/Organization 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.

Date: Signature of Head of Institute /Organization

7. Recommended and Verified by Governing Council Member:

The applicant is known to GC members for ……. years. I recommend that the applicant may be considered for membership in the category of Life Corporate Membership.

Name and Signature of GC member:

For office use only

Life membership fees (one time) (including applicable government taxes):

Member Category	Fees + GST
Member	₹ 4700/-
Senior Member	₹ 7080/-
Fellow Member	₹ 8260/-
Intuitional member	₹ 35400 (2 members)
Corporate member	₹ 47200 (2 members)

Life membership fees (OVERSEAS, excluding applicable government taxes)

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

Student Membership fees (pl refer Annexure E).

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

Office Action

Application Ref. No.   :
Category of membership applied:

Date   :
Processed on   :

Approved category of membership:
Membership No.   :
Remarks   :

                                   Signature of CVS HQ Officer