

FORM VI

APPLICATION FOR GRANT OF REGISTRATION
(see rule 16B)

Full name of Applicant

Office Address		Tel	<input type="text"/>
<input type="text"/>		Fax	<input type="text"/>
State:	Country:		
PIN:			
STD Code(s) to be given with Telephone and Fax numbers		Email	

Address of the manufacturing unit		Tel	<input type="text"/>
<input type="text"/>		Fax	<input type="text"/>
State:	Country:		
PIN:			
STD Code(s) to be given with Telephone and Fax numbers		Email	

Top Management		Technical Management	
Name	Designation	Name	Designation
1.		1.	
2.		2.	
3.		3.	
4.		4.	

Contact Person & Tel. No./FAX No. with STD Code & email

Correspondence Address

<input type="checkbox"/> Office	<input type="checkbox"/> manufacturing unit
[Please tick (V) appropriate box]	

This application is being made for Registration on:

PRODUCT

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INDIAN STANDARD

IS: Part: Sec:

GRADE/TYPE/
CLASS

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PRESENT
INSTALLED
CAPACITY

(Production per annum)

Units of Production

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Quantity

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Value (Rs.)

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SEAL OF FIRM

Signature _____
Name _____
Designation _____
Date of application _____

Important:

1. Application should be signed by Chief Executive Officer of the firm, or in his absence by authorised representative
2. Applications from Foreign Manufacturers should be countersigned by Authorised Indian Representative