

Gujarat Chamber of Commerce & Industry

GCCI – Youth Wing Membership Form

Name :									
Address:									
City:		State : Pin Code					Paste Your Passport Photo		
Country :		E-mail:			Mobile:	Mobile:			
Marital Status :		DOB (DD/MM/YY):			Age :	Age:			
Education/Vocational Qualification	cation								
1.	2.								
Duain and (Common Accordated with									
Business/Company Associated with	l.				Voar	e of Association:			
Designation:	Years of Association:								
Office Address :									
City: State:				Pin: Country:					
Email:				Mobile:					
Company/Firm GST No:									
Industry currently associated	d with (Please	Highlight)							
Education	Jewelry	Chemicals	Engi	neering		Automobiles	Agricultural	Healthcare	IT 🗆
Pharmaceutical SME's SME's	Ports	Service Ind	Tour	ism 🔲		Textiles	Real Estate	Student	
Entertainment Event Management	Environmen	NGO □	Other:						
Areas of Interest (Please Tic	k)								
Speaker Series:	Netwo	orking Mer		entorship	orship Programme 🗌		CSR □		
OTHERS (Please Specify)									



(Full Name)

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*	Achievements		
Α	cademics		
Professional			
E	xtra Curricular		
		ummit the same along with cheque / C	
	GCCI Membership No		
l ce	ertify that all the above information is true		

(Date: DD/MM/YYYY)