

Name :			Paste Your Passport Photo Here
Address:			
City:	State :	Pin Code:	
Country :	E-mail:	Mobile:	
Marital Status :	DOB (DD/MM/YY):	Age :	

❖ **Education/Vocational Qualification**

1.	2.
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Business/Company Associated with:			
Designation:		Years of Association:	
Office Address :			
City:	State:	Pin:	Country:
Email :		Mobile:	

❖ **Industry currently associated with (Please Highlight)**

Education <input type="checkbox"/>	Biotech <input type="checkbox"/>	Jewellery <input type="checkbox"/>	Chemicals <input type="checkbox"/>	Engineering <input type="checkbox"/>	Automobiles <input type="checkbox"/>	Agricultural <input type="checkbox"/>	Healthcare <input type="checkbox"/>	IT <input type="checkbox"/>
Pharmaceutical <input type="checkbox"/>	SME's <input type="checkbox"/>	Ports <input type="checkbox"/>	Service Ind <input type="checkbox"/>	Tourism <input type="checkbox"/>	Textiles <input type="checkbox"/>	Real Estate <input type="checkbox"/>	Student <input type="checkbox"/>	
Entertainment <input type="checkbox"/>	Event Management <input type="checkbox"/>	Environment <input type="checkbox"/>	NGO <input type="checkbox"/>	Other :				

❖ **Areas of Interest (Please Tick)**

Speaker Series: <input type="checkbox"/>	Networking <input type="checkbox"/>	Mentorship Programme <input type="checkbox"/>	CSR <input type="checkbox"/>

OTHERS (Please Specify) _____

❖ **Achievements**

Academics		
Professional		
Extra Curricular		

GCCI Members Reference if any (Not compulsory) _____

Please fill up the above form and submit the same along with Cheque / DD Rs. 11000/-+14.50% Service Tax in the name of Gujarat Chamber of Commerce & Industry-Youth Wing.

- Member of GCCI Yes No
- If yes than GCCI Membership No. _____ No: _____
- **If No than become GCCI non voting member.**
- Want to be a voting member in future: Yes No

I certify that all the above information is true

(Ful Name)

(Date: DD/MM/YYYY)