



REGD. NO. S/20884 OF 1990

**Association of Dental Industry & Trade of India**

C-111, Lajpat Nagar, Part-II, New Delhi - 110024

Tel : +91-11-4172 2123 / 2981 0201

Email: secretary@aditidental.co.in

**MEMBERSHIP UPDATION FORM  
(2023)**

PHOTO

( Please enclose  
Photos of all  
Partners/  
Directors)

ZONE:	NZ		EZ		WZ		SZ		(Please select your Zone)
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**COMPANY DETAILS**

Name of Company/Firm			
Regd. Office			
Telephone. No		Telephone No.	
E-Mail		Nature of Main Business	
Date of Incorporation		G.S.T. No	
PAN No		I.E. Code No	

**DETAILS OF PROPRIETOR / PARTNERS / DIRECTORS**

	Name of Authorized Person(s)	Designation	Mobile No.
1.			
2.			
3.			
4.			
5.			
6.			

	Principal Representative	Secondary Representative
Name		
Residential Address		
Office Telephone		
Residential Telephone		
Mobile Number		

**PAYMENT DETAILS**

MODE	DETAILS	Date	Amount (Rs.)
CHEQUE/DRAFT	Cheque /Draft No.		
ONLINE	RTGS / NEFT No.		



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### DECLARATION:

I declare that I have read through the details of the *Association of Dental Industry and Trade of India* (ADITI), the Constitution, Bye-Laws, Code of Ethics & Professional Conduct and Resolve to Abide by Them. Our Firm is registered as Indian Company under category of Proprietor /Partnership/Pvt. Ltd. / Public Ltd/ others (Please specify). Neither our Firm nor I have been convicted by any court of law. Our firm is not engaged in any activity detrimental to the interest of any Individual or Association. The information provided by me is true & I hereby submit my Updated details for Membership to ADITI.

Place :

Date :

Signature of Applicant/s  
With Rubber Stamp

### NOTE:

- 1) *Submit this application form in triplicate to ADITI Head Office at C-111, Lajpat Nagar, Part-II, New Delhi – 110024. Tel : +91-11-4172 2123 / 2981 0201*
- 2) *Kindly attach the following documents:*
  - a. *PAN Card of the company. If the Member Company is a Proprietorship Company, then PAN Card of the Proprietor will be required.*
  - b. *GST Certificate*
  - c. *CDSCO Registration Certificate For Importer/ Manufacturer*
  - d. *Drug Licence Copy / Form MD 42 for Traders*
  - e. *Memorandum & Article if Applicant is Corporate Entity*  
*OR*  
*Partnership Deed if Applicant is Partnership Company*
  - f. *Board Resolution in case the Applicant is a Company Authorizing ONE Director to represent the Company*  
*OR*  
*Letter of Authority in case of a Partnership Firm Authorizing only ONE Partner to represent the Firm.*
  - g. *One Photo of the authorized person*
  - h. *Payment details of Rupees Five Thousand plus 18%GST as Annual Subscription Fees for Indian Companies*