



Gujarat Chamber of Commerce & Industry

GCCI – Youth Wing Membership Form

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	



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GCCI Members Reference if any (Not compulsory) _____

Please fill up the above form and submit the same along with Cheque / DD Rs. 15000/-including Service Tax in the name of Gujarat Chamber of Commerce & Industry-Youth Wing.

➤ Member of GCCI Yes

➤ If yes than GCCI Membership No. _____

I certify that all the above information is true

(Full Name)

(Date: DD/MM/YYYY)