



Application for Membership

- Please Read the Agreement before filling this form.
- Please prepare the application form using a black pen or typed

Date			
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Category of Membership: (Please Tick)

Silver Partner	<input type="checkbox"/>
Gold Partner	<input type="checkbox"/>

If you are already a member of the Sakthimicro System, please indicate Present Partner Number

Company/ Org.Name	
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Business Address	

Contact	Mobile		Email	
	Telephone		Fax	
	Website			

Company Registration Details (if you have)	Registered NO	
	Other Partner With	
	Website	

Page 2: Contact Person Information

Title (Mr/ Ms./ Mrs/ Dr /)

Title	
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First Name	
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Last Name	
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Date of Birth			
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NIC No									
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Contact	Mobile		Email	
	Telephone		Fax	
	Website			

Academic Staff	Name	Educational Qualifications	Courses Conducted

I do hereby certify that the particulars given above are true and correct. I have attached the necessary supportive documents.

Date :

Signature of the Applicant:

(RUBBER STAMP)