



ESSENTIAL OIL ASSOCIATION OF INDIA

C-56A/25, Sector-62, Noida - 201 301, (U.P.) INDIA

Phone : 0120-2400200, 4269428 | E-mail : eoairdcenter@gmail.com | Website : www.eoai.co.in

GSTIN : 09AABAE1116D1ZE

APPLICATION FORM FOR MEMBERSHIP :

SCIENTIST LIFE / SCIENTIST FELLOW / FARMER / GROWER

Instructions for filling the Application form:

- Please write or type all particulars in BLOCK LETTERS.
- Please attach the Self-attested photocopy of last qualification as mentioned at S. No. 8.
- Application should be accompanied by Demand Draft, payable at Delhi in cases of application submitted from outside Delhi.
- Application from either must be forwarded through head of the Institution or NOC required from the head of Department.
- Incomplete application will be rejected.**

1. Class of Membership : SCIENTIST LIFE SCIENTIST FELLOW GROWER FARMER

2. Name of Applicant :

3. Job Title :

4. Organization :

5. GSTIN No. :

6. PAN No. :

7. Aadhaar Card No. :

8. Permanent Address :

Tel. (O) : Res. :

Mobile :

E-mail :

9. Correspondence Address :

Tel. (O) : Res. :

Mobile :

E-mail :

10. Date of Birth :

11. Qualification :

12. Area of Interest

(Please tick appropriate activity)

Natural Extracts

Agarbatties

Creative Perfumery

Natural Essential Oils

Perfumery Flavoring Compounds

Aroma Chemicals

Aroma Therapy

Other (Pls. specify)

RECOMMENDATIONS

Proposed by EOAI Member Signature :

Name & Address:

Mobile :

Second by EOAI Member Signature :

Name & Address:

Mobile :

I hereby declare that the above information is correct to the best of my/our knowledge and belief and that I/We have read the rules and regulations of the Association and undertake to abide by them.

Demand Draft No. _____ dated _____ for Rs. _____

(Rupees) _____ Drawn on _____

(Bank) in favour of "Essential Oil Association of India" payable at Delhi towards membership fee is enclosed herewith.

Date : _____ Name : _____

Place : _____ Signature : _____

Company Seal : _____ Designation : _____

FOR OFFICE USE ONLY**RECOMMENDATION OF ZONAL VICE PRESIDENT :**

Remark :

Name : _____ Zone : _____ Date : _____

Received on Diary No. Approved by the Executive Committee on

General Secretary _____ President _____

Admitted as Member on as

Membership No. Allotted **Subscription Schedule**

| Class of Membership | Admission Fees (₹) | Subscription Fee (₹) | Total Fees (₹) |
|--|--|----------------------|----------------|
| 1. Life Member (a) Individual Scientist (b) Farmer | – | – | 2500 |
| 2. Fellow Member (a) Fellow Scientist (b) Farmer | 500 | 1000 | 1500 |
| 3. Member with Membership (more than 5 years) Fellow Scientist | Application for class of members who want to convert their membership into life membership | Lump sum Payment | 2000 |