



Nano Science and Technology Consortium

Consulting . Research . Outsourcing . Technology

A Nanotechnology platform

CORPORATE

APPLICATION FORM

membership

(Please fill in block letters)

Use separate sheet for more information

1. Name of the Organization / Company _____

2. Name of the Chief Executive _____

3. Representative name (for liaison with NSTC) _____

4. Representative designation _____

5. Address (if you have any other offices in India/abroad _____
please attach their complete addresses)

City: _____ State: _____

Country: _____ Pin/ Zip: _____

Phone (1): _____ Phone (2): _____

Mobile: _____ Fax: _____

Email: _____ Website: _____

6. Type (Indicate)

Manufacturing

Service

Research

Any Other

7. Sector (indicate)

Government

Semi-Government Private

Joint Venture

Any Other

8. Name of the Foreign Partner _____

9. Details about your Organization: _____

10. Specific information about the role of your
Organisation in the field of Nanotechnology : _____

11. Major activities of your Organization : _____

12. How does your Organization expect to benefit from _____
NSTC Membership ?

13. Any other details: _____

14. Area(s) of interest for working with NSTC

*Please put your
Corporate seal here*

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Consultancy | <input type="checkbox"/> Seminars |
| <input type="checkbox"/> Publication | <input type="checkbox"/> R & D |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Liaison |
| <input type="checkbox"/> Venture Funding | |

I confirm that my organization's/company's competent authority has given me the authority to sign and forward this application of membership. I hereby, agree to the terms & conditions (<http://nstc.in/TermsCondition.aspx>) of the NSTC membership.

Signature : _____ Name : _____

Date : _____ Designation : _____

FOR NSTC OFFICE USE ONLY

Membership Period _____

Type of Membership _____

Comments _____

Send to:

Nano Science and Technology Consortium

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