



NATIONAL FEDERATION OF COOPERATIVE SUGAR FACTORIES LTD.

राष्ट्रीय सहकारी शक्कर कारखाना संघ लिमिटेड

Ansai Plaza, Block-C, 2nd Floor, August Kranti Marg, New Delhi-110049 (India)

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Gram : FEDSUCOP E-mail : nfcsf@spectranet.com, info@coopsugar.org

Ref.No. IA-256/2013/ 414

Dated- 12/06/2013

M/s. Solid Material Conveying Systems

E-60, Sector-63,

Noida-201303

Sub. – Registration of your firm as an approved manufacturer for Material Handling System.

Dear Sir,

This is in reference to your application for registration of your firm as an approved manufacturer for Material Handling System.

We are pleased to inform you that on the basis of the documents submitted by you and the visit report of our Technical Expert, the Registration Committee in its 38th meeting held on 11th June 2013, has decided to register your firm as an approved manufacturer for Material Handling System with effect from the date of issue of this letter.

The registration is valid for a period of 3 (three) years from date of issue of this letter i.e. upto 11th June 2016.

However, we retain our right to review and cancel your registration without assigning any reason whatsoever and without any liability on our part.

Thanking you,

Yours faithfully,

(VINAY KUMAR)

Managing Director

APPLICATION FOR ASSOCIATE MEMBERSHIP

1. Name of the Applicant/Society/Company :
Association/Organization
2. Address :
3. No. and date of Registration :

To,

**The Managing Director
National Federation of Cooperative
Sugar Factories Ltd,
Ansal Plaza, Block C,
2nd Floor, August Kranti Marg,
New Delhi – 110 049**

Sir,

We request that _____
(Name of the Society/Company/Association/Organization)

_____ may kindly be admitted as Associate Member of the National Federation of Cooperative Sugar Factories Ltd., we are enclosing herewith a Draft for Rs. 10,000/- towards entrance fee.

The said _____
(Name of the Society/Company/Association/Organization)

_____ agrees to abide by the Bye-laws of the National Federation of Cooperative Sugar Factories Limited.

Yours faithfully,

Signature : _____

Name : _____

Designation : _____

Station : _____

Date : _____