



CONSUMER COORDINATION COUNCIL

CENTRAL BODY OF CONSUMER ORGANIZATIONS
NITS, A-20, 21, Institutional Area, Sector-62, NOIDA – 201307
Tel: 0120 – 2404273, 4235447
E-mail: director@core.nic.in, chairman@cccindia.co

APPLICATION FORM FOR MEMBERSHIP

FULL

AFFILIATE

1. NAME OF THE CONSUMER ORGANIZATION

2. FULL POSTAL ADDRESS

3. CONTACT TELEPHONE / FAX / E-MAIL

4. DATE OF ESTABLISHMENT

(Please annexe certified copy of the Registration Certificate)

5. MISSION & OBJECTIVES OF THE ORGANIZATION

6. LEGAL STATUS OF THE ORGANIZATION

(Please attach a copy of Trust Deed/Memo Random & Articles of Association)

7. ARE YOU EXEMPTED UNDER 12A OF INCOME TAX ACT 1961 OR U/25 OF THE COMPANIES ACT

(Please annexe a certified copy)

8. ARE YOU AFFILIATED TO ANY STATE, NATIONAL OR INTERNATIONAL BODY?

9. NAMES, DESIGNATION & ADDRESS OF TRUSTEES OR MEMBERS OF GOVERNING BODY

10. NAME TWO SENIOR MOST AUTHORIZED OFFICIALS/ REPRESENTATIVES OF THE ORGANIZATION

(Please furnish names, their signatures, designations & contact numbers)

11.DETAILS OF INFRASTRUCTURE

PREMISES

OWN

RENTAL

MANPOWER

FULL

PART TIME

PAID

VOLUNTARY



NETWORK

LOCAL

REGIONAL

RESOURCE PERSONS - AVAILABLE

YES

NO

**12.ORGANIZATIONAL ACTIVITIES:
SPECIFIC AREA OF ACTIVITY**

[a] RESEARCH PROJECT/SURVEYS

[b] HANDLING CONSUMER COMPLAINTS

[c] CONSUMER EDUCATION/TRAINING

[d] CONSUMER LOBBYING/ADVOCACY

[e] LEGAL ADVICE SERVICE

[f] CONSUMER LITIGATIONS

[g] COMPARATIVE PRODUCT TESTING

[h] MEDIA LIAISONING/TALKS

[i] REGULAR PRESS COLUMNS

[j] CONSUMER REPRESENTATIONS

[k] PUBLISHING CONSUMER LETTERS

[l] CONSUMER MAGAZINES

[m] ANY OTHER ACTIVITY

[PLEASE FURNISH DETAILS]

13. SOURCE OF FUNDS

- [a] INDIVIDUAL DONATIONS/CONTRIBUTIONS
- [b] STATE GOVERNMENT
- [c] CENTRAL GOVERNMENT
- [d] FUNDING AGENCIES
 - [1] INDIAN
 - [2] FOREIGN*
* (Regn. Certificate copy)
- [e] FROM BUSINESS SOURCES
- [f] ANY OTHERS
(PLEASE ATTACH COPY OF LAST AUDITED STATEMENT OF FINAL ACCOUNTS)

FOR THE LAST THREE YEARS		

14. ANNUAL EXPENDITURE IN LAST FINANCIAL YEAR

- [a] CAPITAL
- [b] REVENUE
- TOTAL

15. BUDGET FOR THE CURRENT FINANCIAL YEAR

16. PUBLICATIONS

- [a] TYPES OF PUBLICATIONS
- [b] ARE THEY COPYRIGHTED?
- [c] ARE ADVTs. BEING ACCEPTED?
- [d] ARE THEY PRICED?
- [e] PERIODICITY / LANGUAGES
- [f] CIRCULATION NUMBER

17. ANY POLITICAL ORIENTATION?

A large, empty rectangular box with a thin black border, occupying the top third of the page. It is intended for the applicant to provide a detailed response to the question below.

18. PLEASE INDICATE TO WHAT EXTENT THE APPLICANT IS ABLE TO MEET THE REQUIREMENTS OF VOLUNTARY CODE OF CONDUCT ADOPTED BY THE CCPC (A DETAILED REPLY VIDE ANNEXURE-I MAY PLEASE BE FURNISHED)

A large, empty rectangular box with a thin black border, occupying the middle and bottom third of the page. It is intended for the applicant to provide a detailed response to the question above.

ANNEXURE 1

(TO BE FILLED IN BY THE APPLICANTS FOR FULL MEMBERSHIP ONLY)

1. WHETHER YOUR ORGANIZATION IS VOLUNTARY ORGANIZATION AND WORKING EXCLUSIVELY FOR PROMOTION / AND PROTECTION OF CONSUMERS' INTEREST?

YES	NO
-----	----

2. WHETHER YOUR ORGANIZATION HAS WELL DEFINED OBJECTIVES AND AREA OF OPERATION FOR PROTECTION OF CONSUMERS' INTERESTS AND ITS NAME IS INDICATIVE OF ITS AREA OF OPERATION?

YES	NO
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3. WHETHER YOUR ORGANIZATION IS A NON-POLITICAL, NON-OFFICIAL, NON-COMMERCIAL AND IS MANAGED BY A NON-PROPRIETARY MANAGEMENT WITHOUT ANY GOVERNMENT CONTROL?

YES	NO
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4. WHETHER IT HAS A LEGAL STATUS PERMITTING THE ENTRUSTMENT OF PUBLIC FUNDS?

YES	NO
-----	----

5. DOES IT RUN FOR PROFIT TO ANY INDIVIDUAL OR GROUP OF INDIVIDUALS OR SERVES THE GENERAL PUBLIC WITHOUT DISTINCTION OF CASTE, CREED, COLOUR, GENDER OR RELIGION?

YES	NO
-----	----

6. WHETHER ITS STATEMENT OF ACCOUNTS AUDITED REGULARLY BY A CHARTERED ACCOUNTANT?

YES	NO
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7. WHETHER ANY OF THE OFFICE BEARER OF THE ORGANIZATION EVER CONVICTED BY A COURT ON GROUNDS OF MORAL TURPITUDE OR DECLARED INSOLVENT OR INSANE? WHETHER ANY OF THE OFFICE BEARER OF THE ORGANIZATION IS ALSO AN OFFICE BEARER OF A POLITICAL PARTY/TRADE/BUSINESS/INDUSTRY/ASSOCIATION AT ANY LEVEL?

YES	NO
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8. WHETHER WOMEN ARE GIVEN DUE IMPORTANCE IN THE AFFAIRS OF THE ORGANIZATION?

YES	NO
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9. WHETHER THE ORGANIZATION COLLECT ANY REASONABLE CONTRIBUTION (NOT FEE OR CHARGE) TOWARDS THE COST OF SERVICE RENDERED BY IT FROM THE RESPECTIVE CONSUMERS?

YES	NO
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IF ANY OF THIS FOUND TO BE INCORRECT AT ANY POINT OF TIME, THE CCC WILL BE JUSTIFIED IN REVOKING ANY DECISION BASED ON THIS APPLICATION INCLUDING THAT OF DECLARING THE MEMBERSHIP VOID AB-INITIO

ORGANIZATION
SEAL

(SIGNATURE OF THE FIRST
AUTHORIZED SIGNATORY)

DATED: _____

(SIGNATURE OF THE SECOND
AUTHORIZED SIGNATORY)

10. WHETHER THE ORGANIZATION MAINTAINS A BANK ACCOUNT IN THE NAME OF THE ORGANIZATION AND NOT OF ANY INDIVIDUAL (WHETHER BY NAME OR DESIGNATION) WITH A SCHEDULED OR CO-OPERATIVE BANK OR POST OFFICE?

YES	NO
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11. WHETHER THE ORGANIZATION OR ITS OFFICE BEARERS INDULGE IN FILING VEXATIOUS OR FRIVOLOUS COMPLAINTS?

YES	NO
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12. WHETHER THE ORGANIZATION PROVIDES ADEQUATE SAFEGUARDS NOT TO ACT OR ISSUE STATEMENTS OR ENTER INTO ANY AGREEMENT OR TIE UP WITH BUSINESS/INDUSTRY/PRIVATE INTERESTS IN A MANNER AFFECTING THE CONSUMER INTERESTS?

YES	NO
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13. WHETHER THE ORGANIZATION ENSURES THAT IT SHALL NOT COLLECT ANY MONEY FROM BUSINESS HOUSES OR INDUSTRY/EITHER BY WAY OF DONATIONS OR ADVERTISEMENT CHARGES?

YES	NO
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14. DOES THE ORGANIZATION ENSURE NOT TO DENY ANY FACILITY AVAILABLE WITH IT TO ANY OTHER RECOGNIZED CONSUMER ORGANIZATIONS FOR BONAFIDE USE ON PAYMENT OF PRESCRIBED CHARGES?

YES	NO
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DETAIL IF ANY: -

THIS IS CERTIFIED THAT THE ABOVE INFORMATIONS IS TRUE TO BEST OF OUR KNOWLEDGE AND BELIEF AND NOTHING HAS BEEN CONCEALED.

(SIGNATURE OF THE FIRST AUTHORIZED SIGNATORY)

ORGANIZATION
SEAL

(SIGNATURE OF THE SECOND AUTHORIZED SIGNATORY)

DATE: _____

ANNEXURE - II

(FORMAT FOR SUPPORTING THE APPLICATION FOR MEMBERSHIP OF CCC)

DATED _____

THE CHAIRPERSON / EXECUTIVE SECRETARY
CONSUMER COORDINATION COUNCIL
CORE Centre, NITS Complex
A 20- 21, Sector 62,
NOIDA- 201307 (U.P)
Tel: 0120-2404273
E-mail: director@core.nic.in , chairman@cccindia.co

1. I, AUTHORIZED REPRESENTATIVE OF HAVE GONE THROUGH THE APPLICATION OF FOR FULL MEMBERSHIP OF CCC. INFORMATION STATED IN PARAS IS BELIEVED TO BE TRUE TO THE BEST OF MY PERSONAL KNOWLEDGE AND INFORMATION IN PARAS IS VERIFIED AS CORRECT ON BASIS OF RECORDS. I DO NOT HAVE ADEQUATE INFORMATION RELATED TO PARAS

2. THAT THE EXECUTIVE BODY OF MY ORGANIZATION HAS CONSIDERED THIS APPLICATION AND HAS ADOPTED A RESOLUTION SUPPORTING THE APPLICATION FOR INVITING AS A FULL MEMBER OF CCC. A TRUE COPY OF RESOLUTION NO. DATED IS GIVEN BELOW.

(FULL NAME & SIGNATURE OF THE AUTHORIZED REPRESENTATIVE)

ORGANIZATION
SEAL

DATE _____

<u>NOTE: -</u>		
MEMBERSHIP FEE	Rs. 1,500/-	For Full Membership
	Rs. 500/-	For Affiliate Membership
MEMBERSHIP FEES SHOULD BE PAID BY DEMAND DRAFT IN FAVOUR OF CONSUMER COORDINATION COUNCIL, NEW DELHI ONLY AFTER APPROVAL BY GOVERNING COUNCIL.		

IMPORTANT

THE APPLICATION FORM NEEDS TO BE FORWARDED IN THE ENCLOSED FORMAT (ANNEXURE II) BY ANY FOUR EXISTING MEMBERS OF CCC OUT OF WHICH TWO MUST BE FROM YOUR STATE AND TWO FROM ANY ADJOINING STATE. THE LIST OF OUR MEMBERS (STATEWISE) IS ENCLOSED.