



Association of Indian Laboratories

Office Address: 113, 1st Floor, Sushant Tower, Sector-56, Gurugram, Haryana-122011
Email: aoilsecretariat@gmail.com | Web: www.aoil.in | Regd. No: HR 018201401605

MEMBERSHIP FORM (MF-01)

- Name of Laboratory.....
Address of Laboratory
- Name of Laboratory Representative.....
- Name of Alternate Representative.....
- Field of Lab.: Medical / Testing / Calibration / GLP Laboratory..... **(Tick the applicable)**
- Legal status: Proprietorship / Partnership / Private Ltd. / Public Ltd. / LLP/Govt. Sector Firm/others
- PAN No.....GST No.....
Email
- Phone Number: (Office)..... Mobile.....
- Type of membership applied for (April to March)(a) (b) (c) (d) (Tick any one)
 - Life Membership Fee - ₹1,50,000/- + GST @ 18%
 - Regular Member Registration Fee - ₹ 2,000/- + GST @ 18% *(One Time)*
Annual Subscription & Renewal - ₹ 10,000/- + GST @ 18%
 - Per Additional Multi-location Laboratory Registration Fee - ₹ 2,500/- + GST @ 18%
 - Individual Membership Registration Fee - ₹ 2,000/- + GST @ 18% *(One Time)*
Annual Subscription & Renewal Fee - ₹ 2,000/- + GST @ 18%
- DD / Cheque / NEFT No:.....Date.....
Bank Name.....Branch.....Amount ₹.....

I, as the competent authority, affirm that I am willing to join the Association of Indian Laboratories.

Date..... Name / Signature of Laboratory Representative.....

Please sent hard copy of: a. Copy of legal identity of lab b. 2 passport size photographs c. supporting document for Date of Establishment d. Company's brief profile e. Copy of GST Certificate

Account details of AOIL:

GST No	:	06AADAA9863F1ZO
Account Name	:	Association of Indian Laboratories
Banker	:	ICICI Bank Ltd., Sector - 21C, Faridabad, Haryana
Account No	:	630301036487,
IFSC Code	:	ICIC0006303

FOR AOIL USE ONLY

Admission Date: Membership No: AOIL/...../.....
Receipt No: Invoice No: