

**VETERINARY VACCINE INDIA MANUFACTURERS ASSOCIATION  
(VVIMA)**

**(भारतीय पशु टीका उत्पादक संगठन)**

Registered Office:

Pushpak, 1<sup>st</sup> Floor, Panchvati Circle, Motilal Hirabhai Road,  
Ahmedabad, Gujarat 380006, India

CIN: U94990GJ2025NPL160147 PAN: AAKCV8477F

Phone: +91 79 26445107 Email: [mail@vvima.in](mailto:mail@vvima.in)

**CORPORATE MEMBERSHIP APPLICATION FORM**

This application form should be duly filled in and returned by email to [mail@vvima.in](mailto:mail@vvima.in) with the details.

**Fees breakup:**

1. Joining and first year Subscription Fees: ₹ 500,000

2. Annual Subscription Fees: ₹ 500,000

The Annual Subscription fees will be applicable from 1<sup>st</sup> April to 31<sup>st</sup> March (Twelve months period)

**Bank details:**

Account Number: 50100805819401

Name: VETERINARY VACCINE INDIA MANUFACTURERS ASSOCIATION

Bank: HDFC Bank Limited

Branch: Panchavati Circle, Ahmedabad

IFSC Code: HDFC0001567

**Documents requested to be attached by applicants along with the application form:**

1. Latest Annual Report or Balance Sheet
2. Company Profile
3. Company Registration Certificate
4. Certified copy of PAN Card
5. List of Directors
6. Joining and first year subscription fees payment details
7. GST Certificate
8. Copy of valid veterinary vaccines manufacturing licence

(If membership is rejected the joining and first year subscription fees would be refunded)

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Name of the Company : \_\_\_\_\_

Constitution of Company:  Public Limited  Private Limited  Public Sector Undertaking

Incorporation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CIN: \_\_\_\_\_ PAN: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: INDIA Pincode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Billing/ Correspondence Address (Tick, if same as Registered Address)

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: INDIA Pin code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Veterinary Vaccine Manufacturing Licence Number: \_\_\_\_\_

Name and Designation of Primary Nominated Representative: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

We agree to pay the joining and first year subscription fees: ₹ 500,000

We agree to abide by the Memorandum and Articles of Association, Membership Terms and the Rules of the Association.

**Sincerely,**

Name of Company:

Name of Authorised Person:

Designation:

Place:

Date:

**FOR OFFICE USE ONLY**

Scrutinised & found in order. Approved by the Managing Committee.

Date: \_\_\_\_\_

Name of Authorised Signatory: \_\_\_\_\_

Signature