

Electrical and Electronics Federation of Uttar Pradesh

2nd Floor, Guru Kripa Bhawan, Near Dandahiya Petrol Pump,

Aliganj, Lucknow – 226022

Email: info@eefup.in | Web: www.eefup.in

Membership Application Form

	Name of Organization / Individual:
2.	Type of Entity (Tick one): ☐ Company ☐ LLP ☐ Proprietorship ☐ Academic Institute ☐ Professional Individual ☐ Other:
3.	Year of Establishment:
4.	Nature of Business / Activities:
5.	Authorized Representative Name:
6.	Designation:
7.	Mobile No.:
8.	Email ID:
9.	Website (if any):
10	. Registered Address:

B. Membership Category (Please tick one)

- ☐ **Corporate Member** (For companies, firms, and industries)
- ☐ **Academic Member** (For educational and R&D institutions)
- ☐ **Professional Member** (For individual professionals, consultants, and domain experts)
- ☐ **Associate Member** (For allied service providers, start-ups, associations, etc.)

C. Industry Sector (Tick all applicable secto	rs)
☐ Electrical Equipment Manufacturer	☐ Embedded Systems / IoT
☐ Electronic Component Manufacturer	☐ EPC / Electrical Contractor
☐ Power / Energy Utility	☐ Instrumentation / Testing
☐ Solar / Renewable Energy	☐ Smart Grid / Metering
☐ Consumer Electronics	☐ Connectors / Assembly
☐ Industrial Automation / Control	☐ EMS / Manufacturing Services
☐ LED / Lighting	☐ Industrial Power Electronics
☐ Cable / Wire Manufacturer	☐ E-Waste / Recycling
☐ Battery / Energy Storage	☐ Industry Association
☐ EV / Charging Infra	☐ Others:
☐ Training Institute / R&D Centre	
 Annual Turnover (Last Financial Yea GSTIN / PAN No.: 	
E. Doclaration by Applicant	
knowledge and belief. I/We agree to abide	n provided above is true to the best of my/ou by the rules and regulations of the Federation.
I/We hereby declare that the information	
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I/We hereby declare that the information knowledge and belief. I/We agree to abide Signature: Name: Designation: Date: Place:	by the rules and regulations of the Federation.
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I/We hereby declare that the information knowledge and belief. I/We agree to abide Signature: Name: Designation: Place: F. For Office Use Only • Application Received on:	by the rules and regulations of the Federation.
I/We hereby declare that the information knowledge and belief. I/We agree to abide Signature: Name: Designation: Date: Place: Place: Application Received on: Membership Category Approved:	by the rules and regulations of the Federation.