

MEMBERSHIP APPLICATION FORM
FOR
ASSOCIATE MEMBERSHIP

Corporate/Partnership/Big Houses (Membership in the Name of the Farms/Company)
(Fixed Investment + Turnover more than 50 lacs Annually)

**Membership Form will be submitted
with each Company/Firms Separately.**

Investment & Turnover annually estimated
Please ✓ the appropriate box

A. 51 lacs to 1 Cr.

B. Upto 5 Cr.

C. More than 5 Cr.

(The representative of Corporate Sector /Director/Authorised person may be act as member of the W.B.P.F.)

To
The General Secretary,
West-Bengal Poultry Federation

We declare that we shall be abiding Rules/Regulations of the West-Bengal Poultry Federation, we furnish the following information as may please require for WBPF. Please enrol as a member of West-Bengal Poultry Federation, and subscription will be paid as decide by the executive committee time to time.

Signature of authorised Representative
Director / Partner
With Stamp

1. Name & Address of the Firms/Company : _____
2. Strength of the Farm/other details (total figure) : _____
(Details as per separate sheet enclosed on Page 2)
3. Any other information : _____

APPLICATION FOR PAC RPAC of West Bengal
Above statements are true & correct.

Signature of the applicants/Authorised Representative of Corporate Sector/Director/Partner with stamp

Membership Application Form For Associate Membership

Form No. 2

Name of the Company /Firms (Farmers /Feed dealers etc. Will be furnish separate sheet for PAC/RPAC wise)

Name of the Applicant _____

- 1. Total layers Birds capacity
(PAC wise/Dist. wise)
Details of Farm Location _____
- 2. Total broiler birds capacity
(PAC/RPAC wise)
(Details of Farm Location) _____
- 3. Total Breeder capacity
(PAC/RPAC wise)
(Details of Farm Location) _____
- 4. Total Egg Seller Capacity/Day
(Place/Area PAC/RPAC wise) _____
- 5. Total Chicken Sales Capacity/Day
(Place/Area PAC/RPAC wise) _____
- 6. Total Feed Production/Day
(Place/Area PAC/RPAC wise) _____
- 7. Total Feed Sales/Day
(Place/Area PAC/RPAC wise) _____
- 8. Any other Business
Like Medicine Producer Equipment
Manufacturer
(Place/Area PAC/RPAC wise) _____
- 9. For others (Details with PAC/RPAC,
location wise) _____

For Office Use

Appropriate Fees was Deposited on _____ amount to
Rs. _____ under M/R. No. _____

Comments by Office _____

Approved/Cancelled

Office Secretary/Executive Officer/Officer-in-charge

Signature of the Director/Partner/
Authorised Representative with Stamp