Dear Sir,

Sub: Our Registration for Participation in the 70th National Garment Fair at Bombay Exhibition Centre, NESCO Complex, Goregaon (East), Mumbai 400 063.

We wish to Participate in the 70th National Garment Fair to be held on 29th & 30th January 2020 at Bombay Exhibition Centre, NESCO Complex, Goregaon (East), Mumbai 400 063. The Stall Sizes / Participation Charges (Exclusive of GST) are as under:

**MEN'S SECTION**

<table>
<thead>
<tr>
<th>Area</th>
<th>Amount (Rs.)</th>
<th>Area</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 SQM</td>
<td>39000 + 18%GST</td>
<td>30 SQM</td>
<td>108000 + 18%GST</td>
</tr>
<tr>
<td>15 SQM</td>
<td>50000 + 18%GST</td>
<td>32 SQM</td>
<td>118000 + 18%GST</td>
</tr>
<tr>
<td>16 SQM</td>
<td>54000 + 18%GST</td>
<td>35 SQM</td>
<td>131000 + 18%GST</td>
</tr>
<tr>
<td>18 SQM</td>
<td>62000 + 18%GST</td>
<td>40 SQM</td>
<td>154000 + 18%GST</td>
</tr>
<tr>
<td>24 SQM</td>
<td>84000 + 18%GST</td>
<td>42 SQM</td>
<td>165000 + 18%GST</td>
</tr>
<tr>
<td>28 SQM</td>
<td>99000 + 18%GST</td>
<td>48 SQM</td>
<td>192000 + 18%GST</td>
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**WOMEN'S SECTION**

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KID’S SECTION

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Category:  ● Men’s  ● Women’s  ● Kid’s  ● Others

Name of the Participant (Company Name with Address, Tel/Mobile Nos.& E-mail ID)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Brand Name:___________________________ Items Mfd.:___________________________

Name of the Authorized Representative:__________________________________________

Required Size of Stall:__________________________

CMAI Membership No.__________________________ Valid Upto :____________________

TAN No.__________________________      GST NO. __________________________

a) Advance towards Participation :

Cheque No. :______________  Date :______________  Amount :__________________

b) Balance Payment towards Participation :

Cheque No. :______________  Date :______________  Amount :__________________

Payment by DD / Payable at par Cheque only drawn in favour of “The Clothing Manufacturers Association Of India”
For Enquiries and Bookings, Please contact to the following:-

Mrs. Shraddha Desai  
The Clothing Manufacturers Association of India (CMAI) 
901, Naman Midtown, A wing, Behind Kamgar Kalyan Kendra, 
Senapati Bapat Marg, Prabhadevi (West), Mumbai 400 013. 
Tel       : 91-22-2430909 
E-mail   : ngf@cmai.in / info@cmai.in

WE AGREE TO THE TERMS & CONDITIONS FOR PARTICIPATION AND WILL ABIDE BY 
THE DECISION OF THE FAIR SUB COMMITTEE OF THE CLOTHING MANUFACTURERS 
ASSOCIATION OF INDIA.

Thanking you,

Yours faithfully,

(Signature of the Authorized Representative) 
with Company Seal with Address
PARTICULAR FORM
( TO BE FILLED AND RETURNED )
BY THE PARTICIPANTS ON THEIR LETTER HEAD

Name of the Company :______________________________________________________
Address:___________________________________________________________________
_________________________________________________________________________
Pin Code :_____________  Telephone :_________________________________________
Mobile :______________________ Email :______________________________
Website :_________________________________________________________________
Name of the Representative : _________________________________________________
Items Mfd. :_______________________________________________________________
Brand Name :_____________________________________________________________

Category :   ☐ Men’s    ☐ Women’s    ☐ Kid’s    ☐ Others

Undertaking
( TO BE FILLED AND RETURNED )

1. We hereby carefully read the Terms and Conditions for Participation enclosed with the
70th National Garment Fair Registration Form. We agree to Abide by these Terms
and Conditions and also Abide by the Decision taken by the Fair Sub-Committee from
time to time.

2. We will be Displaying only Products Manufactured by us and only under the Brand
Name / s “……………………………………………………..” in the above Fair.

Name of the Authorized Representative: _________________________________

Signature………………………………

With Designation (Rubber Stamp)
Name and Address of the Firm ……………………………………………………………
( With Seal )