

# NSAI Membership Renewal Form (2026-27)



To,  
The Membership Committee  
National Seed Association of India  
909, Surya Kiran Building, 19, K.G. Marg, New Delhi 110001

NSAI Membership  
Number

Please affix the  
Photograph of  
MD/CEO/  
Proprietor/ Owner/  
Contact Person

Dear Sir,

We wish to renew our NSAI membership for the year 2026-27. Our details are as follows:

**Name of the Organisation** :

**Year of Incorporation** :

**Address** :

**Contact Details** : **Tel:**  **Mob:**   
**Email:**

**Name of the Chairman/MD/CEO** :   
**Email:**   
**Designation**  **Mob:**

**Name of the Immediate Contact Person** :   
**Email:**   
**Designation**  **Mob:**

Please provide additional contacts (wherever necessary) of your company beyond 'Immediate Contact Person', for us to get in touch for the purposes of Industrial Relations, Membership Services etc.

**Category of Membership applied for** :

<b>1. Ordinary Member</b> (if you deal in at least any two of the mentioned areas)	<input type="checkbox"/>	<b>1. Seed Research</b>	<input type="checkbox"/>
		<b>2. Seed Production</b>	<input type="checkbox"/>
		<b>3. Seed Marketing</b>	<input type="checkbox"/>
<b>2. Associate Member</b> (If you deal in allied fields but not directly in seeds)	<input type="checkbox"/>	<b>1. Vendor for Seed Industry</b>	<input type="checkbox"/>
		<b>2. Agri Input Manufacturer</b>	<input type="checkbox"/>
		<b>3. Consultant</b>	<input type="checkbox"/>
		<b>4. Service Provider</b>	<input type="checkbox"/>

3. Association Member  
(If you are a seed or  
agri-allied association)

1. Seed Association

2. Agri-allied Association

4. Public Sector  
(If you deal in seed or  
agri-allied fields)

Sales Turnover

:

FY 2025-26 (Audited / Unaudited)

FY 2024-25 (Audited)

**ADDITIONAL INFORMATION:**

S.No. Additional Queries

1. Name of State where Marketing is done
2. Name of State(s) where Production is being done
3. Name of Brand under which products are being sold
4. Name of crop(s) in which Production is being done
5. Name of crop(s) in which Marketing is being done
6. Sale Certificate (CA Certificate) – Turn Over of Seed

CATEGORY OF MEMBERSHIP APPLIED FOR AND THE ANNUAL SUBSCRIPTION THERE OF:				
Membership Category	Turn Over in FY 2025-26	Admission Fee (INR)	Annual Subscription (INR)	Tick Appropriate Box
Ordinary Member	Rs. 0-10 Crores	Rs. 1,000/-	Rs. 10,000/-	<input type="checkbox"/>
	Rs. 10-50 Crores	Rs. 1,000/-	Rs. 25,000/-	<input type="checkbox"/>
	Rs. 50-100 Crores	Rs. 1,000/-	Rs. 60,000/-	<input type="checkbox"/>
	Rs. above 100 Crores	Rs. 1,000/-	Rs. 1,00,000/-	<input type="checkbox"/>
Associate Member		Rs. 1,000/-	Rs. 15,000/-	<input type="checkbox"/>
Association Member		Rs. 1,000/-	Rs. 15,000/-	<input type="checkbox"/>
Public Sector		Rs. 1,000/-	Rs. 15,000/-	<input type="checkbox"/>

**Bank Account Details:**

ACCOUNT NAME : NATIONAL SEED ASSOCIATION OF INDIA  
ACCOUNT NUMBER : 06230100008657  
NAME OF THE BANK : BANK OF BARODA  
NAME OF THE BRANCH : G-BLOCK, OUTER CIRCLE CONNAUGHT PLACE, NEW DELHI  
IFS CODE : BARB0CURZON (Fifth Character is ZERO)

Various options available for making Payment			
(please tick the appropriate option for the mode of payment and provide the necessary details, in case of Option 1 & 2 please provide copy of the challan / fund transfer note)			
Option 1	<input type="checkbox"/>	Deposit by (Cash/Cheque/DD)	
Deposit Date	<input type="text"/>	Branch	<input type="text"/>
Amount	<input type="text"/>	Deposit Challan No.	<input type="text"/>
Cheque/DD No.	<input type="text"/>	Cheque / DD Date	<input type="text"/>
Option 2	<input type="checkbox"/>	Online Fund Transfer	NEFT <input type="checkbox"/> RTGS <input type="checkbox"/>
Transfer Date	<input type="text"/>	Bank/Branch	<input type="text"/>
UTR No.	<input type="text"/>	Amount	<input type="text"/>

Date:

Signature:

Place :

Name &amp; Designation:

Seal of the Company:

**Note: Please submit the application along with a covering letter on the company letter head along with the following documents.**

1. Audited / Un-Audited Balance Sheet of the Previous Year
2. Copy of the Seed License of the Company
3. Undertaking on your Company Letter Head (refer to Annexure I)

Disclaimer: The information being furnished is primarily for the records of NSAI and will not be disclosed to a third party.

**NATIONAL SEED ASSOCIATION OF INDIA**

909, Surya Kiran Building, 19, Kasturba Gandhi Marg, New Delhi-110 001 (INDIA)  
Phone: +91-11-43533241-43; WhatsApp no. +91-9311957851; E-mail: [info@nsai.co.in](mailto:info@nsai.co.in) Website: [www.nsai.co.in](http://www.nsai.co.in)

**UNDERTAKING**

**This is to declare that, We.....are fully aware of the Ethical business principles and do undertake that our company will always resort to Ethical business practices during our membership tenure with NSAI.**

**We agree to abide by the NSAI Rules & Regulations.**

**Signature:**

**Name:**

**Designation:**

**Seal of the Company:**