



# Indian Dairy Association

## APPLICATION FORM FOR DIRECT LIFE MEMBERSHIP (FOR INDIAN CITIZEN)

Please  
affix your  
photograph

Title Mr./Ms./Dr./Prof.

**1. Name of Applicant**  
(in capital letters)

|             |                      |
|-------------|----------------------|
| First Name  | <input type="text"/> |
| Middle Name | <input type="text"/> |
| Last Name   | <input type="text"/> |

**2. Office Details**

|                          |                               |
|--------------------------|-------------------------------|
| Designation              | <input type="text"/>          |
| Name of the Organisation | <input type="text"/>          |
| Address                  | <input type="text"/>          |
| Mobile:                  | Phone:                        |
| E-mail:                  | Pin Code <input type="text"/> |

**Residential Address**

|                               |
|-------------------------------|
| <input type="text"/>          |
| <input type="text"/>          |
| Pin Code <input type="text"/> |

**Mailing Address:**

Office  Residence

**3. Qualifications**

| Degree/Diploma       | University/Institution | Years Awarded        |
|----------------------|------------------------|----------------------|
| <input type="text"/> | <input type="text"/>   | <input type="text"/> |
| <input type="text"/> | <input type="text"/>   | <input type="text"/> |

**Experience**

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

**4. Membership of Professional Bodies, if any**

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

**5. Date of Birth**

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day                  |                      |                      |                      | Month                |                      | Year                 |                      |

**6. Based on your qualification and experience please indicate the category in any of the following for consideration of IDA:**

- (a) Research Worker and Educationist  (d) Dairy industry such as manufacturer and or supplier of dairy equipment or appliances and milk product factories
- (b) Milk Producer
- (c) Professional and Planner

**Declaration : The information furnished in this form is true to the best of my knowledge and belief. If admitted, I undertake to abide by the Constitution of the Association as contained therein or as amended from time to time.**

**I offer my consent for Electronic Voting in election.**

**Date:**

**(Signature of the applicant)**

**7. Eligibility Criteria :**

- Any person who has had or is undergoing a formal training in dairying or allied sciences, or who is or was on the staff of an institution or organisation connected with the dairy or allied sciences.
- Any person who is involved in dairying activities or is in a position of responsibility which could promote the growth of dairy science and industry can become member of the association subject to approval of the CEC.
- **Mandatory documents for Life Membership under PP& RE CATEGORY:**  
Certificate of academic qualification - Degree/Diploma, Self-Attested Aadhar Card and Passport size photograph.
- **Mandatory documents for Life Membership under DI CATEGORY:**  
Self-Attested Aadhar Card, Passport size photograph and Registration Certificate of the firm/society.
- **Terms & Condition for MP CATEGORY:** The member under “Milk Producers Category” should be the owner of dairy animals. Application for membership must accompany the copy of Aadhar Card.

**Information/documents required along with this form:**


- (1) Signed copy of Aadhar Card.

**8. Sponsorship: (This is mandatory)**

To be sponsored by two members of the Association who know the applicant personally and believe him/her to be a suitable person to be admitted to the Membership of the Association.

| Name-Designation and Address | Membership No. | Signature |
|------------------------------|----------------|-----------|
| (i)                          |                |           |
| (ii)                         |                |           |

9. The application form should be duly filled and returned to the Secretary (Establishment), Indian Dairy Association along with the membership fee (one-time), paid through NEFT / Bank Draft / Cheque at par only.

|  |                              |  |
|--|------------------------------|--|
| <b>DIRECT LIFE MEMBERSHIP FEE</b>                    | <b>Rs. 10,000/-</b>          | <br><small>INDIAN DAIRY ASSOCIA</small><br><small>2620288800024@upi</small><br><b>Scan to Pay through UPI</b> |
| <b>ADMISSION FEE</b>                                 | <b>Rs. 500/-</b>             |  |
| <b>TOTAL FEE (Including GST @18%)</b>                | <b>Rs. 12,390/-</b>          |  |
| <b>OPTIONAL: Delivery of journal through courier</b> | <b>Rs. 600/- (Per Annum)</b> |  |

**UTR No.:** / **DD No.** \_\_\_\_\_ **Date** \_\_\_\_\_ **Name of the Bank** \_\_\_\_\_

**BANK DETAILS: Name: Indian Dairy Association; SB a/c No: 90562170000024; IFSC: CNRB0019009; Bank: Canara Bank; Branch Address: Delhi Tamil Sangam Building, Sector-V, R.K. Puram, New Delhi.**

\* IDA HQ: IDA House, Sector-IV, R.K. Puram, New Delhi-110 022 Phones: 26179781, 26165355  
E-mail: admin@indairyasso.org / idahq@rediffmail.com Web: www.indiandairyassociation.org

**South Zone:** The Secretary, IDA House, NDRI Campus, Adugodi, Bangalore-560 030. Ph.: 080-25710661 Fax: 080-25710161. **West Zone:** The Secretary, A-501, Dynasty Business Park, Andheri-Kurla Road, Andheri (East), Mumbai 400059 Email: chairman@idawz.org / secretary@idawz.org Ph.: 91 22 49784009 **North Zone :** The Secretary, IDA (NZ), IDA House, Sector IV, R.K. Puram, New Delhi - 110 022 Phones: 011-26170781, 26165355. **East Zone :** The Secretary, c/o NDDB, Block-DK, Sector-II, Salt Lake City, Kolkata-700 091 Phones: 033-23591884-7