



Indian Dairy Association

Please affix your photograph

APPLICATION FORM FOR DIRECT LIFE MEMBERSHIP (FOR FOREIGN NATIONAL & NRI)

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"/>
	<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"/>	<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.

For Foreign nationals from other than NRI's	US \$1250
For individuals from SAARC country: The SAARC country members can pay in Indian Rupees at the prevailing rates equivalent to the mentioned US Dollars (\$)	US \$ 250
For NRI: The membership fee shall have to be paid in US Dollars (\$) by the NRI's	US \$ 375

10. Mailing Charges Extra

Air-mailing / Courier charges as per actual, if hard copy of the journal is required.

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

UTR No.:/ DD No. _____ Date _____ Name of the Bank _____