



Indian Dairy Association

IDA House, Sector IV, R.K. Puram, N. Delhi-22
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Web: www.indairyasso.org

APPLICATION FORM FOR ASSOCIATE MEMBERS (INSTITUTIONAL) (NATIONAL)

1. Name of the Company
(in capital letters)

Date and Year
of Establishment

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Day Month Year

Status
(Please tick)

Public Undertaking State Govt. Undertaking Public Ltd.
 Pvt. Ltd. Proprietorship Partnership
 Co-operative Any Other Please Specify _____

2. Address
Regd./Head Office

												Pin Code					

Phones :
Fax :
E-mail:
Website:

Office _____	Factory _____
Office _____	Factory _____
Office _____	Factory _____
Office _____	Factory _____

3. Name(s) of Directors/Proprietor/
Partners, as the case may be

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

(For additional names please enclose another sheet)

4. Name of the
Representative,
dealing with the
Association

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

First Name

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Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

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Designation :

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Address :

												Pin Code					

Phone No.

(Res.) (Off.)

E-mail:

_____ Mobile: _____

5. Areas of Interest :

Manufacturers of:

Brand Names

Dealers in

6. Purpose of Joining IDA : To contribute towards furtherance of IDA's objectives.

7. Copy of registration certificate and any other Brochure or Literature/Company Profile attached (mandatory). Yes

8. DD No. _____ Date _____ Name of the Bank _____

Declaration:

If admitted to the Association I on behalf of my Institution undertake to abide by the constitution of the Association as contained therein or as amended from time to time.

Date :

Name: _____

Place :

Designation : _____

Authorised Signatory

Associate Membership Fee: Rs. 12,500/-

Bank Details:

Saving Bank a/c No: 90562170000024, **IFSC:** SYNB0009009, **Name of Bank:** Syndicate Bank, **Branch Address:** Delhi Tamil Sangam Building, Sector- V, R.K. Puram, New Delhi 110 022 INDIA

NB: Associate Membership is valid for one-time event (Conference/Seminar) only.