

इंडियन डेरी एसोसिएशन

Please affix your photograph

APPLICATION FORM FOR STUDENT MEMBERSHIP (FOR INDIAN CITIZEN)

Title Mr./Ms/Dr.													L									
Name of Applicant	First Name																					
(in capital letters)	Middle Name																					
	Last Name																					
College Address																						
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Contact Details																						
3 Qualifications			-																			
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Present Status		Course										Y	Year									
Date of Birth																						
	Day									Month								Year				
	(in capital letters) College Address Residential Address Mailing Address: Contact Details Qualifications Present Status	Name of Applicant (in capital letters)First Name Middle Name Last NameCollege AddressLast NameResidential Address: Contact DetailsImage: State of the state o	Name of Applicant First Name (in capital letters) Middle Name Middle Name Last Name Last Name Indicator Residential Address: Col Mailing Address: Col Contact Details Pho Qualifications Indicator Present Status Col Date of Birth Indicator	Name of Applicant First Name (in capital letters) Middle Name Middle Name Last Name Last Name Last Name College Address Indicator Residential Address: College Contact Details Phone Qualifications Deg Present Status Course	Name of Applicant First Name (in capital letters) Middle Name Middle Name I Last Name I College Address I Residential Address: College Contact Details Phone Qualifications Degree/ Present Status Course Date of Birth I	Name of Applicant First Name (in capital letters) Middle Name Middle Name Last Name Last Name I College Address I Residential Address College Mailing Address: College Contact Details Phone Qualifications Degree/Dip Present Status Course Date of Birth I	Name of Applicant First Name (in capital letters) Middle Name Last Name I College Address I Residential Address I Mailing Address: College Contact Details Phone Qualifications Degree/Diploma Present Status Course Date of Birth I	Name of Applicant First Name (in capital letters) Middle Name Last Name I Last Name I College Address I Residential Address I Mailing Address: College Residentials Phone	Name of Applicant First Name (in capital letters) Middle Name Middle Name I Last Name I College Address I Residential Address I Mailing Address: College Contact Details Phone Qualifications Degree/Diploma Present Status Course Date of Birth I	Name of Applicant (in capital letters) First Name Middle Name Middle Name I Last Name I College Address I Residential Address I Mailing Address: College Contact Details Phone Qualifications I Present Status Course Date of Birth I	Name of Applicant First Name (in capital letters) Middle Name Middle Name I Last Name I College Address I Residential Address I Mailing Address: College Residentials Phone	Name of Applicant (in capital letters) Middle Name Last Name Last Name College Address Residential Address Mailing Address: Contact Details Phone Date of Birth	Name of Applicant First Name (in capital letters) Middle Name Last Name Last Name Last Name Last Name College Address	Name of Applicant (in capital letters) First Name Middle Name Last Name Last Name Last Name College Address Residential Address Mailing Address: Contact Details Phone Date of Birth	Name of Applicant (in capital letters) First Name Image: Constant of the second s	Name of Applicant (in capital letters) First Name Image: Construct on the second	Name of Applicant (in capital letters) First Name Image: Constant of the second s	Name of Applicant (in capital letters) First Name Image: Contract Details Image: Contract Details<	Name of Applicant (in capital letters) First Name Image: Constant letters) Image: Constant	Name of Applicant (in capital letters) First Name Image: Constant letters) Image: Constant	Name of Applicant (in capital letters) First Name Image: Constant letters) Middle Name Image: Constant letters) Image: Constant letters)	

6. Name of the Course

(Please attach your identity card attested by Principal OR Dean of the College as proof of studentship.)

Declaration: The above information is true to the best of my knowledge and belief. If admitted to the Association I undertake to abide by the Constitution of the Association as contained therein or as amended.

Date: ____

7. Eligibility Criteria:

(Signature of the applicant)

- Any person who is a student for diploma or bachelor's degree in any stream of dairy science and not employed by any organisation or drawing any salary, is eligible for under-graduate student membership.
- Any person who is a student for post-graduate or Doctorate Programme in any stream of dairy science and not employed by any organisation or drawing any salary is eligible for student membership. P.T.O.

8. The application form should be duly filled and returned to the concerned zone / IDA HQ directly along with the initial membership fee, paid by NEFT / Bank Draft / Cheque at par only. The Student Membership fee needs to be paid one-time only for one course. It needs renewal for the new/next course.

UTR No. / DD No./Cheque at par _____ 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.

STUDENT MEMBERSHIP FEE (PER COURSE) @ (Rs. 700 + GST@18%) TOTAL: Rs. 826/- Including GST

9. Only Soft copy of the journal will be shared on the registered Email ID.



* IDA HQ: IDA House, Sector-IV, R.K. Puram, New Delhi-110 022 Phones: 26182454, 26179781, 26165355 E-mail: admin@indairyasso.org / idahq@rediffmail.com Web: www.indairyasso.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