



Indian Dairy Association

IDA House, Sector IV, R.K. Puram, N. Delhi-22
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Please
affix your
photograph

APPLICATION FORM FOR CONVERSION FROM ORDINARY MEMBER TO LIFE MEMBER (FOR INDIAN CITIZEN)

Ordinary Membership No.

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:						
Fax:	E-mail:	Pin Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Address

<input type="text"/>							
<input type="text"/>							
Pin Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>
<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 | <input type="checkbox"/> | (d) Dairy industry such as manufacturer and or supplier of dairy equipment or appliances and milk product factories | <input type="checkbox"/> |
| (b) Milk Producer | <input type="checkbox"/> | (e) Others | <input type="checkbox"/> |
| (c) Professional and Planner | <input type="checkbox"/> | | |

Declaration : The above information 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.

Date:

(Signature of the applicant)

P.T.O

7. Eligibility Criteria:

Any person who has been an ordinary member for a period of minimum one year, has undergone a formal training in dairying or allied sciences, or who is or was on the staff of an institution or organisation connected with milk production, processing, marketing is eligible to become a life member subject to approval of the CEC.

- 8.** The application form should be duly filled and returned to the Secretary (Establishment), Indian Dairy Association along with the membership fee (one-time), paid by a Bank Draft / Cheque at par only. **The membership fees is Rs. 10,000/- (for any category).**

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