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1.	Name of the Company (in capital letters)																								
	Date and Year of Establishment		Day	y		M	lonth	 			Y	'ear													
	Status (Please tick)	[olic U . Ltd	Jnde	rtaki	ng	[. Un ship	dei	rtak	ing				_			Ltd. ship	
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3.	Name(s) of Directors/Pro Partners, as the case ma	y be												4. 5. 6.	-										_
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4.	Name of the	Title 1	Mr./N	∕ſs./	/Dr./	Prof																			
	Representative,	First Name																							1
	dealing with the Association M	liddle Name											+								╈				ľ
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5. Areas of Interests :

Manufacturers of:	
Brand Names	
Dealers in	

- 6. Copy of registration certificate, latest audited Balance Sheet, MoA, MoU and any other Brochure or Literature/Company Profile attached (mandatory). Yes
- 7. Category

(a) I	Research Worker and Educationist	(d) Dairy indust
(b) I	Milk Producer	supplier of and milk pro
(c) I	Professional and Planner	_

- (d) Dairy industry such as manufacturer and or supplier of dairy equipment or appliances and milk product factories
- 8. Members are entitled to receive the periodicals of the Association free of charge in the soft copy format.
- 9. The application form should be duly filled and returned to the Secretary General, Indian Dairy Association along with the membership fee as mentioned below, paid by a Bank Draft / Net Banking only.

BENEFACTOR MEMBERSHIP FEE (For EIGHT Years)	
For SAARC Countries	(US\$) 2,000
Other than SAARC Countries	(US\$)5,000
SUSTAINING MEMBERSHIP FEE (For ONE Year)	
SUSTAINING MEMBERSHIP FEE (For ONE Year) For SAARC Countries	(US\$) 375

10. Mailing Charges Extra (For Periodicals):

Air-mailing / Courier charges will be 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_____

If admitted to the Association, I undertake to abide by the constitution of the Association as contained therein or as amended from time to time.

Date:

Name: _____

Designation : _____

Place:

(Authorised Signatory)