



INDIA DIDACTICS ASSOCIATION

422, DLF Tower A,
Jasola District Centre,
New Delhi - 110025, India
TeleFax : +91 - 11 - 46535555
Email : membership@indiadidac.com
Website : www.indiadidac.com

IDA MEMBERSHIP APPLICATION FORM

Please complete all the fields in this form. It is important that you comply with the association's membership criteria (<http://indiadidac.org/join-ida/>) before applying. After duly completing the form, please enclose the relevant set of documents and send the same by email / post / courier to the address mentioned above.

Company Details:

Company Name:

Address:		
<input type="text"/>	City: <input type="text"/>	Country: <input type="text"/>

Telephone No.: Direct No.:

Fax No.: Email:

Website:

Parent Company (if any):

Branch offices with their full addresses (please enclose list if more than two):

Address:		
<input type="text"/>	City: <input type="text"/>	Country: <input type="text"/>

Address:		
<input type="text"/>	City: <input type="text"/>	Country: <input type="text"/>

Name of the Individual(s) with designation(s) who will represent the company / firm:

Name: Designation:

Name: Designation:

Name: Designation:

Type of Incorporation (please tick)

Sole Proprietor Partnership Firm Private Ltd. Company Public Ltd. Company

If Others (please specify):

Year of Establishment:



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Is your Company Certified (please tick): Yes No

Name the certification:

No. of Employees:

Number of Years in the Indian Education and Training sector:

Company Type: (please indicate the percentage that represents your company)

Manufacturer / Producer %

Distributor %

Publisher %

Product Details

Please specify:

Levels (please tick)

<input type="checkbox"/>	Pre-school / elementary
<input type="checkbox"/>	Primary level
<input type="checkbox"/>	Secondary
<input type="checkbox"/>	University / tertiary level
<input type="checkbox"/>	Technical and vocational training
<input type="checkbox"/>	Special needs education
<input type="checkbox"/>	Adult education

Any other (please specify):

Turnover of the company: in the education and training sector in the last 12 months (domestic and export)

The above mentioned information is essential for processing the membership application. Kindly furnish the complete details along with the accounting information for the same. This information shall be kept strictly confidential with IDA

Billing address (if different from mentioned earlier):

Address:		
<input type="text"/>	City: <input type="text"/>	Country: <input type="text"/>

To help us communicate effectively with you please list the following contacts:

Main Association Contact:

Full Name:

Job Title:

Email:

Telephone:



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IDA Events, Exhibitions and Conferences Contact:

Full Name: Job Title:
Email: Telephone:

Accounts Contact:

Full Name: Job Title:
Email: Telephone:

Enclosures (please tick as appropriate):

- Annual report and balance sheet of the previous year
- Documentary evidence of completion of at least two years from the date of establishment like certificate of Incorporation from Registrar of Companies etc (please specify)
- Additional helpful documents (please specify)
- Certification details (please specify)
- Company description (150 words)
(Please submit a 150 word description of your company details, its products and activities within the Education & Training market)

We hereby apply for the membership of the association.

1. I / We have read the rules and regulations of the membership criteria for the association (<http://indiadidac.org/join-ida/>) and agree to meet the requirement for the same.
2. I / We hereby solemnly promise to abide by the rules and regulations of the India Didactics Association and to observe a high ethical standard in the conduct of our business without reservation or equivocation of any kind, consistent with the regulation in force from time to time.
3. I / We agree and undertake to intimate to the association any change in our status / constitution and / or conventional or corporate name by any reason whatsoever within 30 days of any such change being affected.
4. I / We hereby agree to intimate the association in writing about any change in the present ownership of the company.
5. I / We hereby agree to have fulfilled the membership criteria required by the association.

(Stamp of the Company)

Date:

Signature:

Name:

Designation: