



INDIA DIDACTICS ASSOCIATION
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INDIA DIDAC – EDUCATORS COMMUNITY

Please complete all the fields in this form. After duly completing the form, please enclose the relevant set of documents and send the same by post / email / courier to the address mentioned above.

Personal Details:	
Full Name:	
Residential Address:	
City:	Country:
Telephone No.:	Mobile No.:
Email.:	

Are you currently employed / working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, then please provide the details below:	
Institution / Organization:	
Designation:	
Address:	
City:	Landline No.:
Subject(s) taught/teaching:	

Address for correspondence with IDA activities: (Please tick as per applicable)	
<input type="checkbox"/> Residential	<input type="checkbox"/> Official

Please tick as per applicable:			
<input type="checkbox"/> Educator	<input type="checkbox"/> Trainer	<input type="checkbox"/> Policy Maker	Other (please specify):

Member of other Association(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details for the same:		

I hereby apply for the membership of the association.
The details set out in this Membership Form are true and correct. If they change I acknowledge that I am required to notify the association of the changes in writing as soon as possible after they occur.

Signature:	Date:
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