

Please Affix  
Your Photo  
Here

**Application for Membership**  
(to be filled in Capital letters)

<p>To</p> <p>The Director General Institute for Defence Studies &amp; Analyses New Delhi-110010</p> <p>Sir,</p> <p>I hereby apply for Life Membership/ Membership of the Institute for Defence Studies &amp; Analyses.</p> <p>2. I undertake that, if accepted, I will observe the rules and regulations governing membership of the Institute.</p> <p style="text-align: right;">Yours faithfully</p> <p style="text-align: right;">(Signature)</p> <p>Date .....</p> <p>Place.....</p>	<p>To</p> <p>The Director General Institute for Defence Studies &amp; Analyses New Delhi 110010</p> <p>Sir,</p> <p>I propose that.....be admitted as a member of the Institute. He/She has been personally known to me for about.....years.</p> <p style="text-align: right;">(Signature)</p> <p style="text-align: right;">..... (Name in Block Letters)</p> <p>Membership No. <input style="width: 150px; height: 20px;" type="text"/></p> <p>Date .....</p> <hr style="width: 200px; margin-left: 0;"/> <p>I second the proposal.</p> <p style="text-align: right;">(Signature)</p> <p style="text-align: right;">..... (Name in block letters)</p> <p>Membership No. <input style="width: 150px; height: 20px;" type="text"/></p> <p>Date.....</p>
<p>Would you like your application to be considered for Associate Membership if it is not accepted for Membership.</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">(Please tick as Applicable)</p>	

**(For Office Use)**

Approval/Date of enrolment.....Membership No.....

Membership form received.....Subscription received on.....



**Particulars of the Applicant**

1. Name .....  
(Beginning with Surname in block letters)

2. Present position/Last position .....  
held and name of the office .....

3. Address  
(a) .....

**Pin Code.....Tel.....**

**Fax No.....Email.....**

(b) .....

**Pin Code.....Tel.....**

**Fax No.....Email.....**

4. Nationality .....

5. Date of Birth ..... (dd/mm/yyyy)

6. Academic Qualification .....  
(Add separate sheet if necessary)

7. Experience/Interest  
(a) Field of study, teaching/professional .....

(b) Membership details of  
Academic/Professional organizations.....

(c) Publications.....  
(Add separate sheet if necessary)

8. Activities of the Institute in which interested (Please put mark)

- (a) Publications
- (b) Seminars and Conference
- (c) Research Projects

Please indicate precisely the particular field of interest ..... .....
--

9. Any other information that may be of interest.....

**10. If the Library facilities are desired:** Please deposit Rs.2000/- as Security Fee refundable without interest at the time of termination of Membership

Note:

1. Subscriptions are based on the financial year and become due for renewal on 1<sup>st</sup>April every year irrespective of the payment date. Please hand over the filled application form with a passport size colour photograph to the AD(Admn).
2. The subscription fee for Life Membership is Rs. 6,000/- and Membership is 750/- (per annum).
3. Please Attach proof of residential address.
4. Form should be proposed & seconded by the two Members or Life Members. Without proposed & seconded form should not be accepted.