



INDIAN DRUG MANUFACTURERS' ASSOCIATION

Registered under the Societies Reg. Act., XXI 1860

Reg. No. Bom, 111/1961, G.B.S.D.

Regd. under Bombay Public Trust Act 1950 (Bom. XXIX of 1950)

Reg. No. F-1514 (Bom.) Dt. 11-4-1967

Tel.: 022-6662 6901/022-4972 9227

E-mail: sapna@idmaindia.com/melvin@idmaindia.com/accounts@idmaindia.com

Website: www.idma-assn.org/www.indiandrugsonline.org

GSTIN : 27AAATI3594D1ZO

APPLICATION FOR MEMBERSHIP - ASSOCIATE ACADEMIC MEMBER

The Secretary-General

Indian Drug Manufacturers' Association,
102-B, A Wing, Poonam Chambers,
Dr. A. B. Road, Worli, Mumbai- 400 018

Dear Sir,

We hereby apply to the Membership of the Association under the category of Associate Academic Member and agree to abide by the Memorandum and Rules & Regulations of the Association:

Name of the applicant (in BLOCK letters): _____

Address : _____

Telephone Nos : _____ Email : _____

GSTIN : _____ State: _____

Billing Address : _____

_____ Pincode _____

Constitution whether Private or Government : _____

University / Trust : _____

Registration/incorporation (Number and date) : _____

Name and address of Affiliating University : _____

No. of seats approved for Under Graduate courses : _____

No. of seats approved for Post Graduate courses : _____

Preceding Year's Turnover : _____

International affiliation (if any) : _____

Any other relevant information : _____

Discipline	Person in Charge	Telephone No.	Email	Mobile No.

Names of Chancellor/Vice Chancellor: _____

Dean/Principal: _____ Registrar / Secretary: _____

Administrative officer: _____

Persons authorised to represent the Institution (only two):

Name	Designation	Specimen Signature
1. _____	_____	_____
2. _____	_____	_____

ASSOCIATE ACADEMIC MEMBER

This category of membership is open to those academic/educational institutions which are connected with the pharmaceutical industry in India.

Sr. No.	Particulars	Annual Membership Subscription ₹	GST @18% ₹	Total Amount ₹
1	Academic Associate Membership	15,000	2,700	17,700

Associate Academic Members shall have no voting rights.

Please Note Membership year is from April to March.

We enclose herewith a crossed cheque/demand draft on Mumbai Bank for ₹ _____ in favour of **INDIAN DRUG MANUFACTURERS' ASSOCIATION** towards the membership fee. If the remittance is made through RTGS/NEFT, then the UTR Number _____ dated _____

IDMA Bank Details:

Bank Name: BANK OF BARODA

Bank Account Name: INDIAN DRUG MANUFACTURERS' ASSOCIATION

Current Account Number: 76080200000242, IFSC Code: BARB0DBWORL MICR CODE: 400012232

Branch Address: Dr Annie Besant Road, Worli (Naka), Mumbai-400 018, Maharashtra

Bank Name: STATE BANK OF INDIA

Bank Account Name: INDIAN DRUG MANUFACTURERS' ASSOCIATION

Bank Account Number: 10251614726 IFSC: SBIN0001154

Branch Address: Shiv Sagar Estate Branch, Worli (South), Mumbai - 400 018, Maharashtra

For (Stamp of the Academic / Educational Institution)

Date: _____

Dean/Principal/Registrar

- Application Forms are required to be proposed and seconded by two members of IDMA by their authorized signatory affixing the rubber stamp of the firm/Company.
- The location of the registered office will determine the State Board in which the institution falls.
- The proposer & seconder should have renewed their membership for the current year. Otherwise, the application would be treated as incomplete and liable to be rejected.

PROPOSED BY _____ SECONDED BY _____

FOR OFFICE USE ONLY

Scrutinized & found in order: _____

PUT UP AT THE EXECUTIVE COMMITTEE MEETING HELD ON _____ AND APPROVED.

NATIONAL PRESIDENT, IDMA