



# Manohar Parrikar Institute for Defence Studies and Analyses

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## Application for Life Membership (to be filled in Capital letters)

<p>To</p> <p>The Director General Manohar Parrikar Institute for Defence Studies &amp; Analyses New Delhi-110010</p> <p>Sir,</p> <p>I hereby apply for Life Membership of the Manohar Parrikar 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> <hr/> <p>Would you like your application to be considered for Membership if it is not accepted for Life 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>	<p>To</p> <p>The Director General Manohar Parrikar 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;">.....</p> <p style="text-align: right;">(Name in Block Letters)</p> <p>Membership No. <input type="text"/></p> <p>Date .....</p> <hr/> <p>I second the proposal.</p> <p style="text-align: right;">(Signature)</p> <p style="text-align: right;">.....</p> <p style="text-align: right;">(Name in block letters)</p> <p>Membership No. <input type="text"/></p> <p>Date.....</p>
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### (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 ..... .....
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9. Any other information that may be of interest.....

**10. If the Library facilities are desired:** Please deposit Rs.5000/- as Security Fee refundable without interest at the time of termination of Membership

Note:

1. 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/- (one time), **payable only on confirmation of membership.**
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