



MANOHAR PARRIKAR INSTITUTE FOR
DEFENCE STUDIES AND ANALYSES
मनोहर पर्रिकर रक्षा अध्ययन एवं विश्लेषण संस्थान

Manohar Parrikar Institute for Defence Studies and Analyses

1, Development Enclave, Rao Tula Ram Marg, Delhi Cantt, New Delhi-110010
Tel: 91-11-26717983, Fax: 91-11-26154192 Email: membership.idsa@nic.in

Application for Associate Membership

(to be filled in Capital letters)

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<p>To</p> <p>The Director General Manohar Parrikar Institute for Defence Studies & Analyses New Delhi-110010</p> <p>Sir,</p> <p>I hereby apply for Associate Membership of the Manohar Parrikar Institute for Defence Studies & 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 & Analyses New Delhi 110010</p> <p>Sir,</p> <p>I propose that.....be admitted as an Associate 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 type="text"/></p> <p>Date</p> <p>_____</p> <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 type="text"/></p> <p>Date.....</p> <p style="text-align: center;">OR</p> <p>(Signature of Head of Institution/Department/Office)</p> <p style="text-align: right;">..... (Name in Block Letters)</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.5,000/- 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 1stApril 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. Please Attach proof of residential address.
3. Form should be proposed & seconded by the two Members / Life Members OR it can be signed by Head of Institute/Department/Office.
4. Associate Membership fee is Rs. 200/- per annum. For purchasing Strategic Analysis additional subscription of Rs.300/- per annum is required to pay

