

Names of Chancellor/Vice Chancellor: _____

Dean/Principal: _____ Registrar / Secretary: _____

Administrative officer: _____

Persons authorised to represent the Institution (only two):

Name	Specimen Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ASSOCIATE ACADEMIC MEMBER

This category of membership is open to those academic/educational institutions which are connected with the pharmaceutical industry in India. The Annual membership fee is Rs. 13,200/- + GST@ 18% ₹ 2,376/- totalling Rs.15,576/- only.

Associate Academic Members shall have no voting rights

Please Note Membership year is from April to March (to add details as below from Membership Form)

We enclose herewith a crossed cheque/demand draft on Mumbai Bank for ₹ _____ towards the membership fee. If remittance is made through RTGS/NEFT, then the UTR Number _____ dated _____

IDMA Bank Details:

Name : VIJAYA BANK, Address : G 4 Poonam Chambers, Annie Besant Road, Mumbai, 400 018, Maharashtra

Branch: Worli, Name of Account Holder: INDIAN DRUG MANUFACTURERS' ASSOCIATION

Account No. : 502800300000136, IFSC Code :VIJB0005028

For (Stamp of the firm/co.)

Date: _____

Director/Partner/Proprietor

- i) 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.
- ii) The location of the registered office (not location of plants) will determine the State Board in which the company/firm falls.
- iii) 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.

PRESIDENT, IDMA