To, Indian Society For Training & Development "Training House" B-23, Institutional Area, New Mehrauli Road, New Delhi-110016



Tel: 26867710,26857157,26524509 E-mail: membership@istd.co.in Visit us at: www.istd.co.in

INSTITUTIONAL MEMBERSHIP FORM (ANNUAL/PERMANENT)

Dear Sir,

Our Organisation desire to become an Institutional Member of the Indian Society for Training & Development and accordingly provide the required particulars as given on the reverse.

I agree to abide by the Memorandum of Association and Rules & Regulations of the Society as in force from time to time.

1.	ANNUAL MEMBERSHIP					
	(i)	I enclose a cheque	e no	dated	drawn on	
	for Rs 15340/- (Entrance fee Rs 3000/- , Annual Subscription Rs 10000/- and 18% GST Rs. 23- for the period April 201 to March 201)					
	(ii)	for Rs. 9440/- (Er	ntrance fee l		drawn on cription for Rs. 5000/- and 18% GST Rs.)	
2.	2. PERMANENT MEMBERSHIP I enclose a cheque No dated Drawn on for Rs 92040/- (Entrance fee Rs.3000/- ,Permanent Membership Subscription Rs. 75000/- and 18% 14040/-)					
					Yours faithfully	
		Signature				
		Name				
		Designation				
					anization	
					e	
Date						
Please New D		e Payee Multicity	Cheque/ De	emand Draft in favour of	"Indian Society for Training Development,	
The fee	can also	be paid through Na	tional Elect	ronic Fund Transfer (NEF	T) for which bank details are under:	
1.	Name o	f the Account	:	Indian Society for Training	g & Development	
2.	Name o	f the Bank	:	INDIAN BANK		
3.	Address	S	:	Mehrauli Institutional Are	ea, Katwaria Sarai, New Delhi-16	
4.	PAN No	0.	:	AAATI0450L		
5.	NEFT/I	FSC/RTGS Code	:	IDIB000M089		
6.	Accoun	t Number	:	405039697		
7.	MICR (Code	:	110019018		
	While rens mandate	0 1 0	, please do	send the payment details ac	lvice to us for confirmation of the payment,	

(Please type or write in Capital Letters)

Personal Particulars

1. Name	of Company or Organisation:				
2. Addres	ss for Correspondence				
	Pin				
Tel	Mobile Email:				
a) N	Nature of Organisation				
b) N	Number of Employees				
	Size of Training Department, if any				
	designation and address of Nominees				
1 st Nomi					
	ation				
	S				
	Pin				
	Mobile:				
2 nd Nomi	inee				
Name .					
Design	ation				
Address	S				
	Pin				
Tel	Mobile:				
Email:					
	FOR OFFICE USE ONLY				
Entra	ance Fee received Rs Date of Admittance by the				
Subscription received Rs National Council					
For the	he year 20 Membership No				