To, Indian Society For Training & Development "Training House" B-41, Institutional Area, New Mehrauli Road New Delhi-110016



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Visit us at : www.istdtrg.org

INDIVIDUAL MEMBERSHIP FORM (ANNUAL/LIFE)

Dear Sir,

4.

I desire to become a 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.	ANN	UAL MEMBERSHIP					
	(a)	I enclose a cheque*/bank draft Nodateddrawn onfor Rs 900/- (Entrance fee Rs150/-and Annual Subscription Rs 750/- for the period April 200to March 200)					
	(b)	I enclose a cheque*/bank draft Nodated					
2.	LIFE MEMBERSHIP						
	I enclose a cheque*/bank draft Nodated						
	1".	ND TWO COPIES OF YOUR RECENT COLOUR PHOTOGRAGHS - SIZE 1''- ALONGWITH SPECIMEN SIGNATURE IN BLACK INK ON PLAIN PAPER R ISSUING YOUR IDENTITY CARD.					
3.	(For t	ASSOCIATE MEMBERSHIP (For those who are preparing for a career in the filed of Training & Development and in some manner fall short of the eligibility criteria for Membership)					
	Drawi Year s	ose a cheque*/bank draft No					

I enclose a cheque*/bank draft No	dated
drawn on	for Rs 525/- (Entrance fee Rs150/- ar
	period April 200to March 200
I enclose a cheque*/bank draft No	dated
drawn on	for Rs 3900/- (Entrance fee Rs150/- and Li
•	is true to the best of my knowledge and belie
I certify that the above information	is true to the best of my knowledge and belie
I certify that the above information The Membership is liable is to be car	is true to the best of my knowledge and belie ncelled if the information furnished is found to be Signature

- (i) Please send A/c Payee Cheque/Demand Draft in favour of "Indian Society for Training & Development, New Delhi"
- (ii) Photocopy of this form can be used
- (iii) *Please add Rs 50/- for outstation cheque.
- (iv) Payment can be made in cash if desired

Please type or write in Capital Letters

Personal Particulars 1. Full Name Mr./Mrs./	Dr./Prof			
		(Surname)	(First name)	(Middle name)
2. Address for Correspo	ondence			
			Pin	
Tel Off				
Email:				
3. Date of Birth				
4. Academic Qualificat	Date ions		Month	Year
5. Professional member				
Professional examina				
6. Details of present ap	pointment			
Position held	r			
Nature of work perfo				
(Use extra sheet, if no				
Name of company/Or	rganisation			
Office address				
Tel Mobile :				
7. Have you published				 en talks on Training &
Development subject	-		y pupers or gree	··· ··································
8. Details of Experience	C			
o. Details of Emperione	o as a trainer,	ii uiiy.		
9. Area of specializatio	n			
	FC	OR OFFIC	E USE ONLY	
Entrance Fee receiv	red Rs		Dot	e of Admittance by the
Subscription received				ional Council
For the year 20			1141	
Membershin No				