

SKILL DEVELOPMENT ASSOCIATION

Skill House, Plot : 93/P, Venkateswara Colony, Bandlaguda Jagir,
HYDERABAD – 500086, INDIA
E-mail : in@sda.org.in , Ph : 99669 14679 , 77024 72176



INSTITUTIONAL MEMBERSHIP FORM

Type of Membership applied for : (Please tick) ☐ Annual ☐ Long Term (10 Years)

Institutional Annual Membership : Rs.5000 (Inclusive Service Tax)

Long Term Membership : Rs.50,000 (Inclusive Service Tax)

Name of the Institution : _____

1. Company Address : _____

2. Telephone with STD : _____ Fax : _____

3. Email : _____ Web site : _____

4. Nature of Business : _____

5. Annual Turn Over : _____ Work Force _____

6. Industry/Sector : _____

7. List of the Institution Nominees: (Please fill in BLOK LETTERS)

a. Nominee1: To be enrolled as members on behalf of the Institution

Name : _____

Designation : _____

Address : _____

Office: _____

Residence: _____

Official Email

ID: _____

Personal Email ID: _____

Mobile: _____

Office Phone: _____

b. Nominee 2: To be enrolled as members on behalf of Institution

Name : _____

Designation : _____

Address

Office: _____

Residence: _____

Official Email ID: _____

Personal Email ID: _____

Office Phone: _____

Mobile: _____

8. Communication Preferences of nominees : (Please tick)

☐ Office

☐ Residence

9. In what manner you would prefer to be associated with SDA

☐ Special Events

☐ Nominations in Conference/Seminars/Webinar/Learning Centers & other Training Programmes

☐ Volunteering in Special Projects & Events

☐ Sponsorship

☐ Others, please specify _____

10. We would like to receive updates from SDA:

☐ Yes

☐ No

DECLARATION

I am interested to become member of 'Skill Development Association' and accordingly have provided the desired particulars. I do agree to abide by the rules and regulations of Skill Development Association. Enclosed is the Cheque/Bank Draft No. _____ Dated _____ in favor of 'Skill Development Association' for Rs. _____ (Rupees _____) towards the membership.

I declare that the statements made through this application are correct to the best of my and belief and that I agree to be governed by the By-Laws of the Skill Development Association as, they now exist and hereafter if they be altered. I further undertake that I will promote the objectives of SDA. If at any time I fail to comply with the requirements if the SDA with regards to the membership, I undertake to return the Membership ID Card and privileges associated with the membership. I also undertake to abide by the SDA Code of Conduct that the SDA National Executive Board may frame from time to time.

Note: All Annual Membership (s) expire on 31st December every year.

Date: _____

Signature: _____

Office Seal

Payment Mode :

Cheque / DD : In favor of **SKILL DEVELOPMENT ASSOCIATION** payable at HYDERABAD

NEFT/Online A/c : 3339290068 Bank : Central Bank of India , Gudimalkapuram Br. IFSC : CBIN0283080

Amount : _____ Mode : Cash/DD/Cheque/Online Reference No : _____

For Office Use only

1. Date of receipt of Application

2. Amount received Rs. Cash/ Cheque/ DD No.

3. Details Verified : YES/NO

4.. Admitted on _____

Membership No Issued : _____