

# SKILL DEVELOPMENT ASSOCIATION

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



## INDIVIDUAL MEMBERSHIP FORM

Type of Membership applied for: (Please tick) ☐ Annual ☐ Life

Membership For Individual : Rs.1000/- (Inclusive Service Tax)

Membership for Life time : Rs.10,000 (Inclusive Service Tax)

Title (Please tick) ☐ Mr ☐ Ms ☐ Mrs ☐ Dr ☐ Prof



1. **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

2. Current Organization's Details

Name & Complete Address	Industry/Sector	Current Role	Contact Information
			Telephone
			Fax
			Official E-mail ID

3. **Correspondence Communication Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Resi. Contact # \_\_\_\_\_

4. **Permanent Address:** \_\_\_\_\_

(Please fill: in case if it is different from correspondence address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Resi. Contact # \_\_\_\_\_

5. Mobile #: \_\_\_\_\_

6. Personal Email ID: \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ Marital Status : \_\_\_\_\_

8. Total Work Experience: \_\_\_\_\_ (yrs.) \_\_\_\_\_ (Months) As on \_\_\_\_\_

9. Two Highest Professional Qualifications:

S. No.	Course	Yr. of Passing	Institute	University

(To add more attach additional sheets)

10. Please provide any 2 reference who would like to become SDA Member

Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

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

- ☐ Special Events
- ☐ Conference/Seminars/Webinar/Learning Centers & other Training Programmes
- ☐ Volunteering in Special Projects & Events
- ☐ Others, please specify \_\_\_\_\_

12. Member of other Professional Bodies: ☐ Yes ☐ No

If YES, Please specify \_\_\_\_\_

13. I would like to receive updates from SDA:

- ☐ Yes
- ☐ No

**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

**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.

**Note:** All Annual Membership (s) expire on 31<sup>st</sup> December every year.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Office Seal

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**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 : \_\_\_\_\_

Verified by

SECRETARY

PRESIDENT