



ASSOCIATION OF MUNICIPALITIES AND DEVELOPMENT AUTHORITIES AMDA

Application for Associate / Fellow Membership

To

Director
AMDA
7/6, Sirifort Institutional Area,
August Kranti Marg,
New Delhi – 110049

Affix Photo Here

- A. 1. Full Name (Block Letters) _____
Surname First Name Middle Name
2. Father's Name (Block Letters) _____
Surname First Name Middle Name
3. Date of Birth (attach Proof) _____
Date Month Year
4. Address for Correspondence _____

5. Permanent Address _____

- State _____ Pin _____
- Phone (Off.) _____ (Res.) _____
- Fax _____ Mobile _____
- E-Mail _____
6. Membership Kind Associate Membership Fellow Membership

B. Educational Qualifications after High School

(Attach attested photocopies of original / provisional degree / diplomas, final mark sheet etc.)

S.No.	Name of the Certificate / Diploma / Degree, etc.	Year of Passing	Name of the Board / College / University/ Institutions, etc.
1.			
2.			
3.			
4.			
5.			

C. Particulars of Last Position(s) held.

S.No.	Position (if self-employed state so)	Period (give dates)	Works undertaken (if required attach a separate sheet)	Name of the Employer (If self-employed, give name of the firm)
1.				
2.				
3.				
4.				
5.				

D. Membership of other Professional Bodies / Societies/ Institutions

S.No.	Category of Membership (please quote membership number)	Name of the Body / Society / Institute, etc.	Since (date)

E. Details of Fees Paid

Payment Mode: - Amount in Rs. _____

Demand Draft No. _____ dated: - _____

Name of the Bank: - _____

(To be drawn *in favor of* AMDA, New Delhi)**F. Declaration / Proposal / Support**

I, _____, Age _____ years, declare that the information furnished by me is true and in case any information given by me is found to be false or a case of misrepresentation of facts, my membership may be cancelled by the Institute.

Signature _____

Date _____

FOR OFFICE USE ONLY

<p>1. Name _____</p> <p>2. Age _____</p> <p>3. Basic Qualification _____</p> <p>4. Experience (Year) _____</p> <p>5. Attach attested photocopies of following a. Date of Birth _____ Yes / No b. Basic Qualification _____ Yes / No</p> <p>6. Fee Paid Rs. _____</p> <p>7. Receipt No. _____</p>	<p>8. Date _____</p> <p>9. Signature (cashier) _____</p> <p>10. Recommendations of the Evaluation Committee _____ _____</p> <p>11. Approved by the Council on _____ _____</p> <p>12. MEMBERSHIP NO. _____</p>
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