



MEMBERSHIP APPLICATION FORM

To,
The Board of Governors
Indian Footwear Development Council
B- 14 LGF, Krishna Complex, Sector 31
Nithari, Noida U.P, 201301

I hereby apply for membership of the “**Indian Footwear Development Council**” of India under the membership rules of the Council.

I have read the procedure and agree to abide by the Rules of the Council. I agree to pay the entrance fee / annual subscription fee as may be required from time to time under the Rules in force.

I understand that the decision of the IFDC regarding membership will be final.

Please find enclosed my Portfolio.

Also enclosed the Bank Draft (DD)NEFT -UTR _____ /
Cheque # _____ Bank Dated _____ for Rs. 3000/- (non-refundable)
payable at Noida Uttar Pradesh.

The information given by me in the application is true to the best of my knowledge.

Yours faithfully,

(Signature)

Name: _____

Place: _____

Date: _____

P.S - Please tick against the enclosures submitted:

<input type="checkbox"/>	PAN COPY
<input type="checkbox"/>	GST CERTIFICATE
<input type="checkbox"/>	Photographs of workplace/ Industries/ Office
<input type="checkbox"/>	
<input type="checkbox"/>	

PARTICULARS OF THE APPLICANT

Personal Information

1. Name of the Applicant: _____
2. Nationality: _____
3. Sex: _____
4. Date of Birth: _____
5. Contact Address: _____
6. Other Address: (Please enclose a photograph of your Industries / Office)

7. Tel. Number (with ISD / STD codes):
_____ (Off)
_____ (Res)
_____ (Mob)
8. Fax Number: _____
9. Email address: _____
10. Website: _____

Affix a recent
picture of
yourself

Business Information

1. Company Name: _____
2. Company Address: _____

3. Business Mode & Operations:

	Footwear Manufactures / Exporter/ Importer/Trader/ Retailer/ Supplier
	Footwear Components Manufactures / Exporter/Importer/ Trader/ Supplier
	Allied Industries-
	Govt & Private Institution/Apex body/ Society / Trust/NPO
	Others (please specify)
	Product / Services Name-

4. Type of Organization

<input type="checkbox"/>	Proprietorship
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Private Limited
<input type="checkbox"/>	Public limited
<input type="checkbox"/>	Other (please specify)

5. Number of employees in your organization: _____

Permanent: _____ Temporary: _____

6. Whether you had applied for IFDC membership earlier?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

FOR OFFICE USE ONLY

1. Date of Receipt: _____

2. Bank Draft/ NEFT – UTR / Cheque No. _____ for Rs. 3000/-

Dated _____ drawn on _____

3. Accepted / Rejected _____

4. Category of Membership _____

5. Date on which intimation sent _____

6. Entrance fee received _____

7. Date _____

8. Special Instructions _____

9. Remarks _____

- Applicants whose requests for membership are accepted will be informed by email / post
- An incomplete form is liable to be rejected and not processed
- IFDC reserves the right to assign the category of membership while allotting membership to the applicant.
- 18% GST Applicable