

(ON APPLICANT' LETTERHEAD)

**DIPA Membership Application Form**

Dear Sir,

We wish to apply for the Ordinary/ Association Membership of Digital Infrastructure Providers Association (DIPA) as per the following details:

Name of Company :

Corporate Address :

CEO / M.D. :

Telephone : Fax:

E-mail: URL :

Address :

Contact Person :

Telephone : Fax:

E-mail:

Address :

Nature of Business : Telecom Service Operator (pl. specify with area of operation)/ Distributor / Manufacturer/ Software service / IT services / Training / Diversified / Any other (pl. specify)

.....

License Category :

Area of Operation :  
(Specify the City/Dist)

Turnover :  
(As per last fiscal year)

We hereby nominate Mr. / M s . ..... Designation  
..... as our representative in DIPA. All communication to him/her may kindly be sent at:

Address :

Telephone : Fax:

E-mail: URL :

Enclosed is the Cheque / DD No. dated ----- for the sum of Rs.  
..... payable at (Bank/branch) towards Admission Fee (one time Non-refundable) and Annual Subscription.

Attached is the latest Annual Report (duly audited) of the Company, Copy of IP-1 Registration certificate / License (only for IP-1s) along with our company brochure.

We have read the Memorandum of Association / Rules & Regulations of DIPA and hereby agree to abide by the same.

Yours Sincerely,

**Signature, Name, Designation and Seal of the Applicant**

Enclosures:

1. Company brochure
2. Copy of last Audited Annual Report
3. Copy of IP-1 registration (only in case of IP-1s)
4. Cheque/ Demand Draft towards Admission Fee/ Membership Contribution