



MEMBERSHIP APPLICATION FORM

Part 1. PERSONAL DETAILS

Name	
Phone No.	
Designation	
Address	
Email	
Applying for	<input type="checkbox"/> Institute Individual Membership <input type="checkbox"/> On Behalf of Institute

Part 2. INSTITUTE PROFILE

Name of the Institute (As Registered)	
Registration No. & Date of Registration	
Type of Institute	<input type="checkbox"/> INI <input type="checkbox"/> Central University <input type="checkbox"/> University <input type="checkbox"/> State University <input type="checkbox"/> Deemed to be University <input type="checkbox"/> Collage <input type="checkbox"/> School <input type="checkbox"/> Others
Registered Office Address	
Statutory Tax Registrations	PAN TAN GSTIN
Affiliations with other Associations	<input type="checkbox"/> Yes Please specify the name of the association

	<input type="checkbox"/> No
Other Accreditations (if any)	
Any legal prosecutions on Institute or Management personnel	<input type="checkbox"/> Yes Please give details in a separate note as affidavit. <input type="checkbox"/> No
Name of the cities/states having offices	

ABOUT MANAGEMENT

Vice Chancellor/Director/Registrar/Deputy Registrar/Key Person of the Institute

Name	Designation	Phone No.	Email

Other Directors/Key Personnel

(Please mention their details separately on letterhead as Annexure-6.)

Institute Representative Coordinating with IAAS

Name	Designation	Phone Number	Email

Part 3. ABOUT SERVICES DOCUMENTATION

Nature of Services	<input type="checkbox"/> Educational Programs <input type="checkbox"/> Research Services <input type="checkbox"/> Consultancy <input type="checkbox"/> Others
Source of Services (State nature of service)	<input type="checkbox"/> Self-Developed or Designed <input type="checkbox"/> Engaged as Reseller of a Company <input type="checkbox"/> Any other, please specify
Trademark Registration	Institute Logo <input type="checkbox"/> Yes / <input type="checkbox"/> No

	Service Brand Name(s) <input type="checkbox"/> Yes / <input type="checkbox"/> No
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Part 4. INSTITUTE PLAN DETAILS & OPETATIONAL SYSTEM

Institute Plan / Model	
Operational Closing Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/> Other: Please mention
Confirmation to be given on operational plan parameters as per the requirements of Educational Service Model Guidelines	
Compensation on Recruitment	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Inventory Overload Prevention	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Registration/Entry Fee	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Service Agreement	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Cooling Off Period	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Services Buy-back Policy & Time Frame	If Yes, specify the No. of days <input type="checkbox"/> Yes / <input type="checkbox"/> No
ID Cards Issued to the Members	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Maintenance of KYC of the Members	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Grievance Redressal Process	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Part 5. SERVICE ARRANGEMENT – OTHER MISCELLANEOUS INFORMATION

Website Details

Website(s) Name	Grievance Redressal Link	Feedback Form Link

Names of Professionals Engaged with Institute

Professional	Name
Auditors	
Taxation Consultant	
Institute Secretary	
Software Provider	
Legal Counsel	

Part 6. MEMBERSHIP DETAILS

Types of Membership:

- Individual Membership ₹20K/Lifetime
 Institutional Membership ₹100K/Lifetime

Part-7. SCRUTINY FEE AND PAYMENT DETAILS

An amount of Rs _____ to be paid towards Scrutiny Fee for processing of this application by cheque in favor of IAAS.	
PAYMENT REMITTANCE DETAILS	
Cheque No. /DD/UPI/RTGS/N EFT	
BankName	
Date	

Date:.....

Signature & Seal

Place:.....

Name & Designation

Account Details

Account Name: IAAS

Bank: State Bank of India

Account No.: 42940602877

IFSC Code: SBIN0000628

UPI ID: iaas2024@sbi



End of Application Form

FOR OFFICE USE, TO BE FILLED BY SCRUTINY COMMITTEE MEMBERS		
Application Status	<input checked="" type="checkbox"/> Approved	<input checked="" type="checkbox"/> Rejected
1.	2.	

3.	4.
Remarks:	
Membership Number & Date of issue	

Annexure-1

DECLARATION

I, in the capacity of ... hereby submit the application form for the membership of IAAS with above provided information in the form and annexure, declare that:

- I will abide by the policies and procedure of IAAS in-force from time to time and the recommendations of the scrutiny committee.
- I will abide by the Govt. of India issued Model Direct Selling Guidelines 2016 and other Laws/Act of land in-force from time to time.
- I will not promote a Pyramid Scheme, as defined in Clause 1(11) or enroll any person to such scheme or participate in such arrangement in any manner whatsoever in the garb of doing Direct Selling business.
- I do not participate in the Money Circulation Scheme, as defined in Clause 1(12) in the garb of Direct Selling of Business Opportunities.
- I am compliant with all the remaining aspects mentioned in the guidelines issued vide F. No. 21/18/2014-IT (Vol-II) dated 9 Sep 2016 by the Department of Consumers, Ministry of Consumer Affairs, Food and Public Distribution and shall also provide such details as may be notified from time to time.
- I will voluntarily participate in the activities of IAAS in the best interest of the Direct Selling industry in India and participate in DSDWA to look after the welfare of registered distributors and encourage the distributors to enroll for DSDWA membership and participate in its activities.
- I agree that the IAAS reserves the right to approve or reject the application for membership with or without showing any valid reasons, further a membership may be canceled at any point of time with or without showing any valid reasons.
- I hereby agree to submit the information of any changes happened in this submission.
- I hereby confirm that the information provided in this application is true & facts, submitted with a willful state of consciousness.

Date: **Signature & Seal**

Place: **Name & Designation**

Annexure 2

BOARD RESOLUTION

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF THE INSTITUTE IN THE NAME OF M/s., HELD ON Dated / / at the address

RESOLVED THAT: the directors of the institute have decided to apply for membership of IAAS – IAAS and voluntarily participate in IAAS activities to strengthen the Direct Selling industry.

Further, the Board hereby authorized, Mr./ Ms. to represent our institute to attend the scrutiny process, to sign and submit all the necessary documents, letters, forms, etc. for membership application scrutiny and getting certificate. Name, Designation and Specimen Signatures of Authorized Signatory:

Name	Designation	Signature & Seal

This resolution is valid until the same is withdrawn by giving written notice thereof.

Institute Authorized Signatories

Name Designation Sign & Seal

Date: / /

Place:

Annexure-3**STATEMENT OF VARIOUS TAXES PAID TO GOVERNMENT TREASURY**

Type of Tax	FY 2017-18	FY 2016-17	FY 2015-16	Total
IGST				
CGST+SGST				
VAT				
CST				
Excise Duty				
Service Tax				
TDS				
Income Tax				
Prof. Tax				
Totals				

Annexure-4**STATEMENT OF INSTITUTE INCOME DETAILS**

Description	FY 2017-18	FY 2016-17	FY 2015-16	Total
Sales Turnover				
Total No of Distributors				

Annexure-5**LIST OF OFFICIALS****Vice Chancellor/Director/Principal**

Name	Phone No.	Email

Other Officials

Name	Phone No.	Email

Submission Details

Instructions for Submission:

1. Fill out the form in clear and legible handwriting or type it.
2. Provide photocopies of required documents including:
 - ROC Registration and Memorandum of Association
 - TAN Registration
 - VAT Registration
 - Service Tax Registration
 - GST Registration
 - Acknowledgment letter against the declaration form submitted to the Ministry of Consumer Affairs
 - Brief profile document of each director on company letterhead
 - Company vision, mission, and objectives document
 - Details of any legal proceedings
3. Send the fully filled form post scanning in a single PDF having all the necessary documents attached therein to info@iaas.org.in.