

Eligibility 1
i) Two (2) Copies of passport size photographs* of CEO showing frontal view, with white background ii) Copy of the Certificate of Incorporation / Partnership Deed / Registration OR Copy of Service Tax Registration Certificate iii) Brochure / one page write up introduction on letter head of the company. iv) Copy of PAN Card v) Payment towards Admission Fee and Membership Fee as applicable
Eligibility 2
i) Two (2) copies of passport size photographs* showing frontal view with white background ii) Brochure / one page write up introduction on letter head of the company, where you are employed. iii) Copy of PAN Card iv) A letter from company/institution, showing your employment details v) Payment towards Admission Fee and Membership Fee as applicable
Eligibility 3
i) Two (2) Copies of passport size photographs* showing frontal view, with white background ii) Copy of Passport or any other document to show proof of residence iii) Copy of Identity Card of the College/Institute issued in your name and a letter from the College/Institute to show that you are a Student. iv) Payment towards Membership Fee as applicable

*of the applicant or CEO/MD of the organisation as the case may be

MEMBERSHIP DETAILS:

Type of Membership	Admission Fee (one time)* **	Membership Fee**
Ordinary Member (Company)	Rs.5,000/	Rs.5,000/ per annum
Ordinary Member (Individual)	Rs.2,500/	Rs.2,500/ per annum
Student Member	500	Rs.500/ per annum

**Service Tax as applicable

PERSONAL DETAILS:

Name of the Applicant

Name of the Company

Full Address of the Company/Applicant

PIN

Residential Address

PIN

Contact Number (With city code) Mobile Fax

E-Mail ID Website

Designation Date of Joining

Date of Birth Marital Status

Educational Qualification

University Year

Status of Company Limited Private Limited
 Proprietorship Partnership

Date of formation/incorporation

Please list references who belong to APDI or any other professional Organisation OR MD/GM of any reputed Company in the area of operation.

1. Name Tel. No.
Address

2. Name Tel No.
Address

GENERAL INFORMATION

Do you maintain full time office ? No Yes

Do you have any branch office ? No Yes
If yes, please give details on a separate sheet

Do you possess any kind of arm ?
If yes, attach copy of the arm license

Details of Membership, if any, in any other National/International security related Associations.

Name & Address:

From When :

What Capacity :

Security related certifications (Please Circle)

CPP	PCI	PSP	OTHERS
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INDEX OF SERVICES

Details of Services Rendered by you/Your Company (Please Tick)

- | | | |
|--|---|--|
| <input type="checkbox"/> Accidental Investigations | <input type="checkbox"/> Equipment Sales | <input type="checkbox"/> Professional Negligence |
| <input type="checkbox"/> Aviation Investigations | <input type="checkbox"/> Electronic Sweeps | <input type="checkbox"/> Personal Protection |
| <input type="checkbox"/> Asset Locating | <input type="checkbox"/> Employee Theft | <input type="checkbox"/> Probate Investigations |
| <input type="checkbox"/> Asset Protection | <input type="checkbox"/> Event Security | <input type="checkbox"/> Process Serving |
| <input type="checkbox"/> Arson Investigations | <input type="checkbox"/> Executive Protection | <input type="checkbox"/> Petrol Service |
| <input type="checkbox"/> Alarms | <input type="checkbox"/> Forensic Accounting | <input type="checkbox"/> Patent Violations |
| <input type="checkbox"/> Auto Investigations | <input type="checkbox"/> Forensic Examinations | <input type="checkbox"/> Questioned Documents |
| <input type="checkbox"/> Audio Video | <input type="checkbox"/> Financial Investigations | <input type="checkbox"/> Risk Assessment |

- Background Checks
- Body Guards
- Crime Scene Analysis
- Child Abuse
- Closed Circuit TV
- Criminal Defense
- Counter Espionage
- Child Retrieval
- Corporate Intelligence & Investigation
- Commercial Investigations
- Consultancy
- Computer Security
- Criminal Investigations
- Courier / Escort Services
- Counter Terrorism
- Custody Cases
- Civil Investigation
- Database
- Debt Collection
- Due Diligence
- Domestic / Marital
- DNA / Analysis
- Drug Testing
- Document Examination
- Elder Abuse
- Electronic Detection
- Environmental Investigations
- Fraud Investigations
- Firearm Training
- Fire & Explosion Investigations
- Guard Dogs
- General Investigations
- Guard Service
- Handwriting Analysis
- Homicide Investigations
- Industrial Investigations
- Insurance Investigations
- Internet Fraud
- Intellectual Property
- Industrial Surveys
- Identity Theft
- Loss Prevention
- Litigation Support
- Medical Evidence
- Missing Heirs
- Marine Investigations
- Medical Malpractice
- Mining Investigations
- Missing Persons
- Pre-Employment Screening
- Polygraph
- Photography
- Personal Injury
- Product Liability
- Repossessions
- Record Research
- Retired-Consulting
- Subrogation
- Security
- Status Reports
- Security Surveys
- Skip Tracing
- Surveillance
- Security Systems
- Threat Management
- Trial Preparation
- Tracing
- Training School
- Trademark Violation
- Undercover
- Underwater Investigation
- Video Deposition
- Voice Identification
- Voice Stress Evaluator
- Watchman Service
- Workers Compensation
- White Collar Crime
- Witness Interviews
- Workplace Violence
- Witness Locates
- Others

CERTIFICATION

I hereby certify that all entries made by me in this application and the application process are true, complete, and correct to the best of my knowledge and are made in good faith.

I have never been convicted of any criminal offense, which would reflect negatively on the security profession and on APDI.

Furthermore, I do hereby certify that I am a person of good character and good behaviour, and that I will abide by the By-Laws, Preamble and Code of Ethics of APDI, which I certify as having read. I give full consent to the Association of Private Detectives and Investigators (APDI), its officers, Members, and/or their Agents, to verify and inquire into my reputation, character, credit and/or standing for membership in the APDI. I hereby release, indemnify and hold harmless the above named organizations, its officers, Members, and/or Agents from all liability, claims (implied or actual) in matters emanating from said view and/or investigation.

Signature of the Applicant

Date

OFFICE USE ONLY

Application received on Verification completed on

Membership Approved/Not Approved at the Board Meeting held on

If not approved, the reason/grounds

Chairman

Chairman
Membership Committee

Secretary General

Director

Membership No.

Membership Certificate sent on

Director