



LUDHIANA MANAGEMENT ASSOCIATION

(Affiliated to All-India Management Association)
Office : C/o Dept. of Business Management, Pb. Agril. University
Ludhiana Ph. & Fax : 0161-2401563

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APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

A. PERSONAL INFORMATION

Name in Full :
Date of Birth :
Address (Office) :
(Resi.)
Tel. No. (Off.) : Tel. No. (Resi.) Tel. No. (Mobile)
Fax No. :
E-mail No. :

B. EXPERIENCE

Present Designation :
Date of Appointment :
Name of Organization :
Annual turnover (Rs. in Lacs) :
Work Force (Nos.) :
Nature of Business/Activities (i.e. Whether Manufacturing,
Trading, Service, Educational or any other, Please specify) :
Name & Designation of Immediate Superior :
No. of Executives/Supervisors directly reporting to you :

PAST EXPERIENCE

From	To	Organization	Designation	Reporting to	Job Responsibility
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C. ACADEMIC/PROFESSIONAL QUALIFICATIONS

University/Institution	Degree/Diploma Awarded	Duration	Awarded in the year
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Note : Photocopies of Academic/Professional qualification must be attached with this application form

D. MANAGEMENT DEVELOPMENT/TRAINING COURSES ATTENDED

Title Association/Institution	Duration	Dates
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E. MEMBERSHIP OF OTHER ASSOCIATIONS/PROFESSIONAL BODIES

Name	Address	Membership No.	Duration
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F. ADMISSION FEE AND ANNUAL SUBSCRIPTION

Annual Membership Subscription : Rs. 1500/-
Admission Fee : Rs. 1500/-

G. ORGANISATION CHART SHOWING YOUR PRESENT POSITION AND SPAN OF CONTROL IN THE SPACE PROVIDED BELOW :

H. DECLARATION BY APPLICANT

I declare that the statements made in this application are correct to the best of my knowledge and belief and that I agree to be governed by the bye-laws of Ludhiana Management Association as they now exist and may hereafter be amended. Enclosed is a cheque for Rs.....No.....Dt.....
In favour of Ludhiana Management Association towards admission fee & annual subscription.

Date :

Signature

(The membership should be proposed by one of the existing members of Ludhiana Management Association).

I propose Mr.....for the professional Individual Member of Ludhiana Management Association.

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Signature of Proposer

Name

Organization.....
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RECOMMENDATIONS BY THE MEMBERSHIP SCREENING COMMITTEE

The applicant fulfills/does not fulfil the requirements for the membership of Ludhiana Management Association. We **recommend / do not recommend** Mr.....for Institutional Membership of LMA.

MEMBERSHIP SCREENING COMMITTEE

APPROVED/NOT APPROVED by the Executive Committee in it's meeting held on

President

Ludhiana Management Association