



# LUDHIANA MANAGEMENT ASSOCIATION

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

## APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP

1. **Name of Organization**

2. **Address**

Telephone No. : Fax No. :

E-mail :

3. **Form of Organization**

(whether public, private, partnership or joint sector,  
department, directorate, institute etc.)

4. (a) **Nature of business/activities (i.e. whether Manufacturing, Trading, Service, Educational or any other. Please specify)**

(b) **Type of industry/business/products handled (i.e. Engineering, Textiles, Consumer goods etc. Please specify)**

5. i) **Annual turnover : Rs.**

ii) **No. of Employees & Workers**

(Please attach a copy of your Annual Report & balance sheet)

6. **Membership of other Association/Professional Bodies**

1

2

3

7. **Authorized representatives**

Name	Designation	Ph. Nos. Off./Resi	Mobile Ph. No.	E-mail Address
1.....	.....	...../.....	.....	.....
2.....	.....	...../.....	.....	.....
3.....	.....	...../.....	.....	.....
4.....	.....	...../.....	.....	.....

8. **Admission Fee, Annual Subscription & No. of Authorized Representatives**

Institutional Members	Admission fee Rs.	Annual Subscription Rs.	No. of authorized representatives
With above 250 employees	25,000	12,000	Four
With 51 to 250 employees	15,000	6,000	Two
With 50 and below employees	7500	3,000	One

9. We declare that the statements made herein are correct to the best of my knowledge and belief, and that we agree to be governed by the rules and regulations of the Ludhiana Management Association as they now exist and as they may hereafter be amended. We are sending herewith a Cheque No.....Dated.....for Rs..... in favour of Ludhiana Management Association towards Admission fee and annual subscription.

**Following documents are enclosed.**

- (i) Brief profile of the Company/Organization/Institution
- (ii) Detailed Biodata of the authorized representatives. (Please mention the qualifications and experience also)

	Signature
Company Seal :	Name (in block letters)
Date	Designation

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

I propose Messers..... for the Institutional Membership of Ludhiana Management Association.

.....  
Signature of Proposer  
Name .....  
Organization.....  
.....

**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** M/s.....for Institutional Membership of LMA

**MEMBERSHIP SCREENING COMMITTEE**

Approved/Not approved by the Executive Committee in its meeting held on.....

**President**  
Ludhiana Management Association

Please paste recent passport size photographs of authorized representatives in the space provided below with name (s)

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