



# LUDHIANA MANAGEMENT ASSOCIATION

(Affiliated to All-India Management Association)  
Office : C/o School of Business Studies, Pb. Agricultural 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

### B. EXPERIENCE

Present Designation

Date of Appointment

Name of Organization

Annual turnover (Res. 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 Memership Subscription = Rs. 3000/-

Admission Fee = Rs. 1500/-

In addition Service Tax @14.5% is to be paid

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

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**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

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

I propose Mr ..... for the Associate Membership 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 fulfill the requirements for the membership of Ludhiana Management Association. We **recommend/do not recommend** M/s ..... for Associate Membership of LMA

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MEMBERSHIP SCREENING COMMITTEE

**APPROVED/NOT APPROVED** by the Executive Committee in its meeting held on .....

President  
Ludhiana Management Association