



LUDHIANA MANAGEMENT ASSOCIATION

(Affiliated to All-India Management Association)
Office : C/o School of Business Studies, Pb. Agricultural 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, Educatinoal 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	20000	Four
With 51 to 250 employees	15,000	10000	Two
With 50 and below employees	7500	5000	One

In addition Service Tax @14.5% is to be paid

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 may hereafter be amended. We are sending herewith a Cheque No..... Datedfor Rsin 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 -----

Recommendation 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 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)

