



BOMBAY
MANAGEMENT
ASSOCIATION

9 Podar House, 'A' Road, Churchgate, Mumbai 400 020.
Tel. : (+91-22) 2204 9698, 2204 7650
Email: info@bma-india.com

APPLICATION FORM FOR ACADEMIC MEMBERSHIP

1. Institute / Educational Organization Name: _____

Address: _____

2. Tel. No/s: _____ Website: _____

Email/s: _____ Year of Inception: _____

3. Name of Head of Institute: _____ Designation: _____

4. Is your Institute a member of any other professional bodies? If so please give name/s: _____

5. Is your Institute approved by AICTE? Yes / No (If yes please attach a certificate in support)

6. Number of nominated representatives of your Institute (Refer Note Below): _____
(Please fill supplementary form for each representative)

7. Name / Designation / Email Id / Contact numbers of person to whom notice for renewal of annual subscription is to be sent:

Name: _____ Designation: _____

Email: _____ Mobile: _____

8. Head of Department / Specialization

Specialization	Name	Designation	Tel.Nos.	E-mail
HRD/Personnel				
Marketing				
Operation				
Systems				
Finance				
Gen. Mgmt.				
Any Other				

Annual Membership Fees: For more information on BMA please log on to our website www.bma-india.com

Cheques / D.D.to be made in favor of “**BOMBAY MANAGEMENT ASSOCIATION**”

Categories: (**All Fees are including Service Tax @ 14%+ SB Cess @ 0.5% + KK Cess @ 0.5%**)

Category	Representatives	Sanctioned Strenght of Students of Institute	Entrance Fees (one time)	Annual Fees	Total Fees (Rs.) For the 1 st year only
A	2	Below 120 students	5750	5750	11500
B	4	121 and above students	8625	8625	17250

TICK MARK ONLY IN THE BOXES PROVIDED AGAINST THE ALTERNATIVE TO EACH QUESTION. PLEASE MAKE SURE TO COMPLETE EACH ITEM

Areas of activity where you would like BMA to contribute

Areas of activities where your Organization/Professionals would like to contribute to BMA:

Training Programme in	Courses Offered	Total Students' Capacity	
Marketing/Sales	1 M.M.S.	1	Faculty in Management Development Programmes
Personnel/ HRD	2 PGDBM/PGDBA	2	Short term training Programme
InformationTechnology	3 Part Time Degree Courses (3yrs)	3	Making Available Conference Halls for BMA
Financial Management	4 Part Time Diploma Courses (1yr)	4	Providing Management Development Films
Project Management	5 Any others (Specify)	5	Providing Case Study Material
Management Development Programme	6		Co-operation in Research work
Quality Systems	7		Advertisement, Articles, Sponsorship
Management Education	8		Providing Speakers / Faculties
Any others (Specify)	9		Jury Members for Competitions
-----			Any others (Specify)

			10

We declare that the statement made herein is correct to the best of our knowledge & belief and that we agree to be governed by the Rules and regulations of the Bombay Management Association as they now exist and as they may hereafter be amended. We attach herewith a copy of our latest annual report / organization profile.

For and on behalf of (Name in block letters): _____

Date: _____

Institute Seal:

Signed: _____

Please forward this application to BMA along with Cheque/DD/Cash for the amount as applicable

Recommended by: (To be signed by two Life / Individual BMA Members to whom the new member applicant is known)

Name (In Block Letters)

Membership No.

Signature

1. _____

2. _____

For office use only

Payment Particulars: Cash / Cheque / D.D. No. _____ Amount Rs. _____ Date of issue _____

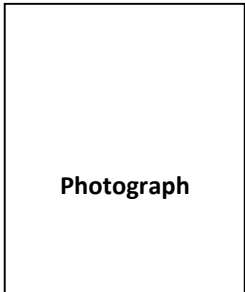
Issuing Bank _____

Entrance Fee Rs. _____ Receipt No: _____ Date: _____ b. Subscription Fee Rs. _____ Receipt No. _____ Date: _____



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SUPPLEMENTARY FORM FOR ACADEMIC MEMBER
(To be filled by nominated representatives. Please make copies as per the requirement)

Name (in capital letters only): Mr. / Mrs. / Ms. _____

Home Address: _____

Tel: _____ Mobile: _____ E-mail: _____

Date of Birth (Please attach any KYC document): D / M / Y _____ Marriage Anniversary: _____

Name of Institute / Educational Organisation: _____

Academic / Professional Qualification: _____ Designation: _____

Work Tel: _____ Email: _____ Website: _____

Department: _____ Preferred Mailing Address: Home Office

Membership of other professional bodies: _____

Name of Spouse: _____ Date of Birth _____

Area of job specialization

General Management: Financial Management: Operations Management: Marketing Management:

Production Management: HRD: Personnel: Systems Management: Others (Specify):

Areas of Special Interest (Please specify): _____

How can BMA be of help to you: _____

Any additional information: _____

Would you like to contribute to BMA? If yes, how: _____

The details given above in this application are true to the best of our knowledge and records

Date: _____

Representative's Signature: _____

(Please attach this form with the main application form, along with a copy of your KYC and brief bio-data)

For more information on BMA please log on to our website www.bma-india.com