



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 INSTITUTIONAL ACADEMIC MEMBER

1. Institute / Educational Organization Name: _____
Address: _____

2. Tel. No/s: _____ Website: _____
Email/s: _____ Year of Inception: _____

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

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

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

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

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

Name: _____ Designation: _____

Email: _____ Mobile: _____

9. 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

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

Category	Representative	No. of. Students	Entrance Fees (one time)	Annual Fees	Total Fees
A	2	Below 120	5750	5750	11500
B	4	121 and above	17250		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
Information Technology	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)

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 and organization profile.

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

Institute Seal

Signed:

Date:

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

Recommended by: (Only for Life / Individual Members, to be signed by two 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 _____

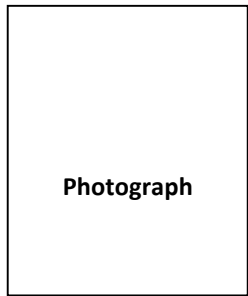
Issuing Bank _____

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



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

Name(incapitallettersonly): Mr. / Mrs. / Ms. _____

Home Address: _____

Tel: _____ Mobile: _____ E-mail: _____

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

Organization Name&Address: _____

Tel: _____ Email: _____ Website: _____

Designation/Undergoing Course: _____

Department: _____ Preferred Mailing Address: Home Office

Name of Spouse: _____ Date of Birth _____

Membership of other professional bodies: _____

Area of job specialization

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

Production Management: HRD: Personnel: Systems Management: Other (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 your 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