



# ALL INDIA MANAGEMENT ASSOCIATION



# FELLOW APPLICATION FORM



**A. PERSONAL INFORMATION :**

1. Name in full :-  
(Please underline your surname)
2. Date of birth :-
3. Membership No. :-
4. LMA Associated with :-
5. No. of years experience  
(in top level management) :-
6. Address : Office :-

Telephone No. :-

Residence :-

Telephone No. :-

E-mail :-

Mobile :-

**Note :** Address for Correspondence :  Residence  Office  
(Please tick (✓) in the appropriate column)

**B. ACADEMIC / TECHNICAL / PROFESSIONAL QUALIFICATIONS**

| Sr. No. | Name of Examination | Year of Passing | University / Institution | Subjects / Areas of Specialization |
|---------|---------------------|-----------------|--------------------------|------------------------------------|
|         |                     |                 |                          |                                    |

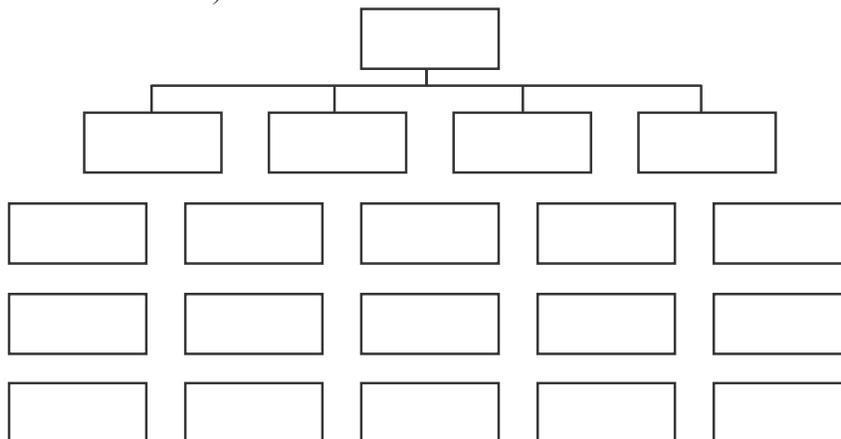
**C. PRESENT APPOINTMENT :** (If you have been in the present position for less than 2 years please also describe your last position with similar details on an attached sheet)

- 1. Name of the Organisation :
- 2. Designation :
- 3. Date of present appointment :
- 4. Located at (state headquarters, branch or plant) :
- 5. Address of headquarters :
- 6. Nature of Business :
- 7. Capital Employed in the company ( ` crores) :
- 8. Annual Turnover ( ` crores) :
- 9. Work Force (No) :
- 10. No. of managers directly reporting to you :
- 11. Name and designation of the immediate superior :

**Note :** If employed in public limited company, attach the latest available Annual Report.

- 12. Present Status in Organisation chart :

(Kindly fill in the Organisation Chart given below starting with Board level indicating part-time and full-time directors and ending with 2 levels below your own position. Indicate your position in thick red line.)



13. Responsibility :

Kindly describe your authority and responsibility with reference to the following :

1. Enumerate specific aspects of which you are responsible to the company:

(i)

(ii)

(iii)

(iv)

2. Specify powers delegated and exercised by you with specific reference :

.. O.D. & H.R. :

.. Finance :

.. Marketing :

.. M.I.S. :

**D. CAREER INFORMATION - prior to present appointment**  
(Indicate last 4 appointments)

1. Name of the Organisation :
- Address :
- Designation :
- Annual turnover ( ` crores) :
- Period of employment :
- Name and Designation of  
Immediate Superior :
- No. of subordinates  
directly reporting to you :
- Key Responsibility Areas :

- 
2. Name of the Organisation :
- Address :
- Designation :
- Annual turnover ( ` crores) :
- Period of employment :
- Name and Designation of  
Immediate Superior :
- No. of subordinates  
directly reporting to you :
- Key Responsibility Areas :

3. Name of the Organisation :
- Address :
- Designation :
- Annual turnover ( ` crores) :
- Period of employment :
- Name and Designation of Immediate Superior :
- No. of subordinates directly reporting to you :
- Key Responsibility Areas :

- 
4. Name of the Organisation :
- Address :
- Designation :
- Annual turnover ( ` crores) :
- Period of employment :
- Name and Designation of Immediate Superior :
- No. of subordinates directly reporting to you :
- Key Responsibility Areas :

## E. CONTRIBUTION TOWARDS PROFESSIONAL MANAGMENT

(i) Contribution to Professional bodies engaged in the Management :

| Activity | Period | In what capacity |
|----------|--------|------------------|
|          |        |                  |

**(ii) Significant Contribution towards AIMA**

| Activity | Period | In what capacity |
|----------|--------|------------------|
|          |        |                  |

**(iii) Management Courses conducted by you and your role.**

| Title of Lecture/Session/<br>Subject | Year | Programme/Course |          |              |
|--------------------------------------|------|------------------|----------|--------------|
|                                      |      | Title            | Duration | Organized by |
|                                      |      |                  |          |              |

**(iv) Research Work/Publications**

Enclose a copy of one or more articles of your publication (if any).

| Title of Publication | Published |      | Authored      |              |
|----------------------|-----------|------|---------------|--------------|
|                      | Where     | When | Only yourself | Jointly with |
|                      |           |      |               |              |

**(v) Special Achievements**

Summarize your outstanding achievements which were a stepping stone for your professional advancement.

|     |     |
|-----|-----|
| (1) | (2) |
|-----|-----|

**(vi) Management Development Programmes attended**

| From | To | Title of the Programme/Course | Organized by |
|------|----|-------------------------------|--------------|
|      |    |                               |              |

**F. Recommended / Nominated and seconded by at least two other fellow member / committee Chairman / Committee Members / Council Members of AIMA familiar with the applicant.**

| <b>Recommended by (1)</b>                                      | <b>Recommended by (2)</b>                                      |
|--|--|
| 1. Name :  | 1. Name :  |
| 2. Designation :   | 2. Designation :   |
| 3. Organisation :  | 3. Organisation :  |
| 4. Fellow membership Number : ( in case of AIMA fellow member) | 4. Fellow membership Number : ( in case of AIMA fellow member) |
| 5. Committee Name :<br>(In Case of AIMA Committee Member)      | 5. Committee Name :<br>(In case of AIMA Committee Member)      |
| 6. Signature :   | 6. Signature :   |
| 7. Comments (if any) :   | 7. Comments (if any) :   |

**G. DECLARATION BY APPLICANT**

I declare that the statements made in this application are correct to the best of my knowledge and belief. I agree to be governed by the bye-laws of the All India Management Association as they now exist and as they may hereafter be altered. I further undertake that I will promote the objectives of AIMA. If at any time I fail to comply with the requirements of the AIMA with regard to the membership, I will return the Certificate of Membership and forfeit the privileges associated with this membership. I also undertake to abide by the "AIMA Code of Conduct for Professional Managers" that the Council may frame from time to time.

Date : \_\_\_\_\_

Applicant's Signature

| <b>AIMA OFFICIAL USE</b> |                   |
|--------------------------|-------------------|
| Received on              | : _____           |
| Receipt No.              | : _____           |
| FC Decision              | : _____           |
| Date of Admission        | : _____           |
| Membership No.           | : _____           |
| Certificate issued on    | : _____           |
| LMA informed on          | : _____           |
| Date : _____             | Signature : _____ |

**Notes :** 1. Fill this application

2. You may use additional sheets, if required, against any query mentioned in the application.

3. Send completed form to

Mr. Prabir Kumar Dash  
Asstt. Director-Membership  
All India Management Association,  
Management House,  
14, Institutional Area, Lodi Road,  
NEW DELHI - 110 003

Phone : 91-11-2462 1323 (D), 2464 5100, Extn. 535  
Fax No. : 91-11-2462 6689  
E-mail : [member@aima.in](mailto:member@aima.in)  
Internet : [www.aima.in](http://www.aima.in)