



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

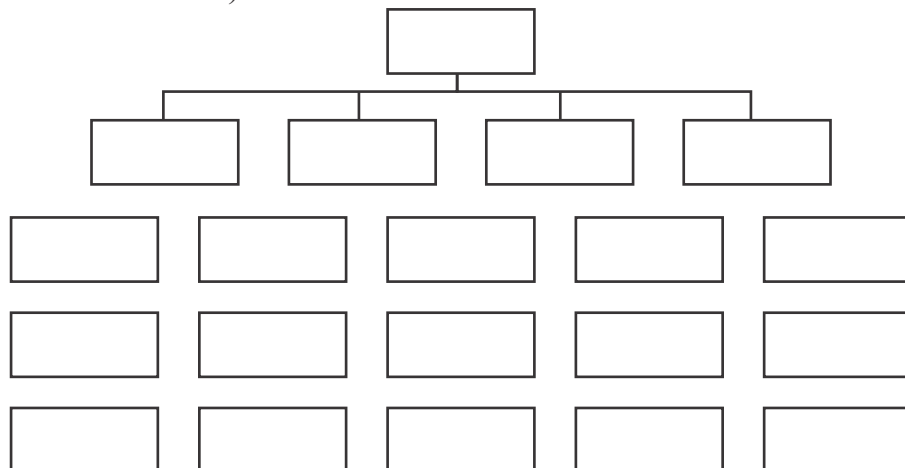
C. PRESENT APPOINTMENT : (If you have been in the present position for less than 2 years please also describe your last position with similar details on an attached sheet)

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 MANAGEMENT**(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/ 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)
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(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.

Recommended by (1)	Recommended by (2)
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 : (In Case of AIMA Committee Member)	5. Committee Name : (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

AIMA OFFICIAL USE	
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
Manager-Membership
All India Management Association,
Management House,
14, Institutional Area, Lodi Road,
NEW DELHI - 110 003

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