

TICK MARK ONLY IN THE BOXES PROVIDED AGAINST THE ALTERNATIVE TO EACH QUESTION. THIS IS FOR THE PURPOSE OF COMPUTERISED DATA PROCESSING. PLEASE MAKE SURE TO COMPLETE EACH ITEM.

**Educational Qualifications :**

Graduate B. Sc./BA/B.Com/BMS	<input type="checkbox"/>	1
Post Graduate M.Sc./M.Com./M.A.	<input type="checkbox"/>	2
Engineers BE / B. Tech	<input type="checkbox"/>	3
Post Graduate Engineers ME / M. Tech/MCA	<input type="checkbox"/>	4
Management Diploma / MBA	<input type="checkbox"/>	5
Ph D or equivalent	<input type="checkbox"/>	6
ACS / CWA / CA other equivalent	<input type="checkbox"/>	7
Medicine	<input type="checkbox"/>	8
Others (Specify)	<input type="checkbox"/>	9

**Professional Skills Acquired :**

HRD / Personnel	<input type="checkbox"/>	1
Marketing / Sales	<input type="checkbox"/>	2
Finance	<input type="checkbox"/>	3
Manufacturing	<input type="checkbox"/>	4
Quality Control	<input type="checkbox"/>	5
Corporate Planning	<input type="checkbox"/>	6
IT / ITES	<input type="checkbox"/>	7
Materials / Logistics	<input type="checkbox"/>	8
R & D	<input type="checkbox"/>	9
Exports / Imports	<input type="checkbox"/>	10
Projects	<input type="checkbox"/>	11
Others (Specify)	<input type="checkbox"/>	12

**From where did you receive the Initial Information about BMA Membership :**

Newspaper (Name : _____)	<input type="checkbox"/>	1
Magazine (Name : _____)	<input type="checkbox"/>	2
Mailer displayed at Company Notice Board	<input type="checkbox"/>	3
Superiors/Colleagues/Friends	<input type="checkbox"/>	4
Company in-house Journal	<input type="checkbox"/>	5
Company circular	<input type="checkbox"/>	6
BMA Review	<input type="checkbox"/>	7
BMA Website	<input type="checkbox"/>	8
BMA Programmes / Conferences	<input type="checkbox"/>	9
Student Members	<input type="checkbox"/>	10
Others (Specify) _____	<input type="checkbox"/>	11

**Total job experience (in years) :**

upto 5	<input type="checkbox"/>	1
6 - 10	<input type="checkbox"/>	2
11 - 20	<input type="checkbox"/>	3
More than 20	<input type="checkbox"/>	4

**Type of Organization :**

Government	<input type="checkbox"/>	1
Public Sector	<input type="checkbox"/>	2
Private Sector	<input type="checkbox"/>	3
Defence Services	<input type="checkbox"/>	4
Multinationals	<input type="checkbox"/>	5
Small & Medium Enterprises	<input type="checkbox"/>	6
Others (Specify)	<input type="checkbox"/>	7

**Nature of Business of your Organization :**

Manufacturing	<input type="checkbox"/>	1
Marketing / Sales	<input type="checkbox"/>	2
Banking & Finance	<input type="checkbox"/>	3
Services Sector	<input type="checkbox"/>	4
Consultancy	<input type="checkbox"/>	5
Education	<input type="checkbox"/>	6
Others (Specify)	<input type="checkbox"/>	7

**Area of Job Specialization**

General Management	<input type="checkbox"/>	1
Financial Management	<input type="checkbox"/>	2
Materials Management	<input type="checkbox"/>	3
Marketing Management	<input type="checkbox"/>	4
Production Management	<input type="checkbox"/>	5
HRD / ADMIN	<input type="checkbox"/>	6
IT	<input type="checkbox"/>	7
Others (Specify)	<input type="checkbox"/>	8

*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. _____	_____	_____

PS. Please forward this application to BMA along with Cheque / DD / Cash for the amount as applicable. (Refer to Brochure / Website)