Bombay Management Association

9 Podar House, 'A' Road, Churchgate, Mumbai 400 020.
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Email: bma@hathway.com, bombay.management@gmail.com

PHOTOGRAPH

SUPPLEMENTARY FORM FOR INSTITUTIONAL/CORPORATE MEMBERSHIP

(To be filled by nominated representatives. Please make copies as per the requirement.)

Name (in Capital letters only) :

(Mr./Mrs.) (SURNAME) (NAME) (FATHER / HUSBAND)

Home Address :

PIN

Resi. Tel. : _____ Mobile : _____

Fax : _____ E-mail : _____

Date of Birth : ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Gender : ☐ Male ☐ Female

Marital Status : ☐ Single ☐ Married Date of Marriage : _____

Name of Spouse : _____

Academic / Professional Qualification : _____

Designation : _____ Department : _____

Office Address :

PIN

Tel. Nos. - Board : _____ Direct : _____

Fax : _____ E-mail : _____

Preferred Mailing Address : ☐ Home ☐ Office / Institute

Membership of other professional bodies : _____

Area of Job Specialization

General Management : ☐

Financial Management : ☐

Materials Management : ☐

Marketing Management : ☐

Production Management : ☐

HRD : ☐

IT Office Management : ☐

Others (Specify)

_____

Date : _____ Representative's Signature : _____

P.S. : Please attach this form with the main application form.

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