



International Academic and Management Association

Membership Category Applied For: (1) Life Membership (2) Annual Membership (3) Up gradation /

Renewal (quote last membership no.) _____

Institution's Name: _____

Address: _____

Telephone No: _____ **Fax:** _____ **Email:** _____

Name and Designation of Head of Institution: _____

Name and Designation of your representatives in IAMA

1. _____ 2. _____

Are you already a Member of any Local Management Association: Yes / No

If Yes: a. **Name of the Association:** _____

Category of Institute: (a) School (b) College (c) University (d) Deemed University (e)

Professional Institute – MBA/MCA/HM/etc. (f) Distance Learning Study Center of UGC

(g) Approved Universities or De Novo Institutes (h) Others (please specify) _____

In case of Professional Institute, is your Institution approved by your local government or accreditation body: Yes / No

If Yes: Please attach a copy of the approval certificate along with the form

Nature of Institution: (Under Central Govt. / State Govt. / Public Sector / Private / Autonomous / Trust / Society / Partnership / Proprietorship / Pvt. Ltd. / Ltd. (Please mention) _____

We declare that the statements made herein are correct to the best of our knowledge and belief. We agree to be governed by the rules and regulations laid down by International Academic and Management Association (IAMA) as laid down and amended from time to time.

For And Behalf Of

Institution Seal

Signature

Name (in block letters)

Documents Required: (a) Institutional Profile (b) Approval Certificate (for educational institutions only)

