



Management Association of Pakistan

3rd Floor, "K-House", Plot No. 1-C, Khayaban-e-Shahbaz, Lane-4, 26th Street, Phase-VI, DHA, Karachi - 75500.
Email: info@mappk.org | mapmis@mappk.org | Phone No: 021-35172431-4 | Fax No: 021-35175432
Website: www.mappk.org

Passport Size
PHOTO

APPLICATION FOR STUDENT MEMBERSHIP

Notes for Student Applicants – please read carefully

- 1 Eligibility:** Any person, between the age of 18 to 28 years, not engaged in any part time and/or full time employment, enrolled as a student of an institution teaching management subjects or of a management association, for its professional examination.
- 2 Attested photo copies required:** All Degrees / certificates.
- 3 Other documents:** CV and a copy of CNIC
- 4 Application form to have 3 signed references:** one by a Professor/ Registrar of the University/Institute where the applicant is currently enrolled, the other two by active MAP members.
- 5 Validity of Student Membership:** To be renewed each year upon payment of subscription fee.
- 6 Student Discount details:** will be made available with each program.
- 7 Participation:** in all activities of the Association.

Please use **BLOCK CAPITALS** when filling in this form.

Section 1 — Applicant Details

Full Name: _____

Father's Name: _____

Gender:	Date of Birth:	Age	C.N.I.C
<input type="checkbox"/> Male <input type="checkbox"/> Female	DD / MM / YYYY		

Current residential address: _____

City: _____ Postal Town: _____ Telephone Number: _____

Mobile Number: _____ Personal e-mail address: _____

Employment details (if currently unemployed, please leave blank)

Company name: _____

Company Address: _____

City: _____ Postal Town: _____ Telephone Number: _____

Fax Number: _____ Company e-mail address: _____

Please indicate at which address correspondence should be sent to: Home ☐ Office ☐

Section 2 — Education and Qualifications

Please provide full education history along with all qualifications awarded. **Proof of all qualifications should be sent with the application.**

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Program currently enrolled in:

Pass out Year for the course currently enrolled in (COMPULSORY):

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Mandatory signature overleaf

DETAILS OF ALL QUALIFICATIONS (PREVIOUS & CURRENT)

University Education

Level: Honours Degree ☐ Ordinary Degree ☐

University attended: _____

Subject studied: _____

Date of graduation: _____

Level: Postgraduate Diploma ☐ Masters ☐ Doctorate ☐

University attended: _____

Subject studied: _____

Date of graduation: _____

Section 3 — Method of Payment

Cash ☐ Crossed Cheque ☐ (please tick the appropriate mode of payment)

Cheques must be made payable to the "MANAGEMENT ASSOCIATION OF PAKISTAN" and enclosed with the application.

A total of the following 2 payments should accompany this application. Applications submitted without the necessary fees will not be processed.

Fee Details

Entrance Fee Rs. 1000 This is a one-off payment payable on initial application.

Annual Subscription Rs. 1000 To be paid each year.

Total Fee Payable Rs. 2000

Payment Details

Cheque/Pay Order _____

Date: _____

Bank Name _____

Section 4 — UNDERTAKING

1. I, _____ hereby undertake that, I the undersigned fulfill the eligibility criteria required for a member to be admitted under Sections 4 and 6 of the Articles of Association. That, I will, if admitted, so long as I am a member, duly observe the rules, articles and other regulations of the Association in force from time to time.

2. I do hereby solemnly and sincerely declare that,

- I am not ineligible, under the Companies Act and company law or any other legislation;
- I have not been found involved in any undesirable or anti-state activities; and
- I have not been found involved in multi-level marketing (MLM), Pyramid and Ponzi Schemes, or other related activities/businesses or any lottery business.

Name: _____ Date: _____ Signature: _____

Section 5 — References as per Note 4 at the outset:

- The applicant should, so far as can be judged by the referees, be a person suitable for membership of a professional body who can be relied upon to maintain the standards of the Management Association of Pakistan.

Reference: Professor / Registrar of the University/ Institute where the student is currently enrolled

Signature & Stamp: _____ Designation: _____ Date: _____

Name (BLOCK LETTERS): _____

Address: _____

E-mail address: _____

Telephone #: _____

MAP References: any two Institutional / Individual members of MAP.

MEMBERSHIP NO.	NAME	SIGNATURE
_____	_____	_____
_____	_____	_____

Note: MAP may use the information on this page to contact the Referee to verify the information provided.

Applicants Signature: _____ **Date:** _____

The Application Form must be **fully** completed and returned to:

3rd Floor –K-House Plot No.1-C, Khayaban-e-Shahbaz Lane-4, 26th Street, Phase- VI, DHA Karachi - 75500.

Phone No: 021-35172431-4 Fax No: 021-35175432, Email: info@mappk.org, programs@mappk.org

Please note: **ONLY hardcopies** of the application form will be accepted. Emailed forms will not be processed until a **hardcopy** of the duly signed application form is received by MAP