# LONDON MANAGEMENT ACADEMY

**LMA DEGREE COLLEGE**

# ALUMNI ASSOCIATION MEMBERSHIP REGISTRATION FORM

*Connecting Graduates • Building Careers • Strengthening Our LMA Community*

**Hall ticket No.:** _____

**Date of Registration:** ____ / ____ / _____

## SECTION A: PERSONAL DETAILS

1. Full Name of the Student/Alumnus: _____
2. Father's/Mother's/Guardian's Name: _____
3. Date of Birth: ____ / ____ / _____
4. Gender: ☐Male ☐Female ☐Other ☐Prefer not to say
5. Mobile Number: _____
6. WhatsApp Number (if different): _____
7. Email Address: _____
8. Residential Address: _____

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9. City: _____ State: _____
10. Country: _____ PIN/Postal Code: _____

## SECTION B: ACADEMIC DETAILS AT LMA

1. Course Completed:
   ☐BBA ☐B.Com ☐BCA ☐Other: _____
2. Specialization (if applicable): _____
3. Year of Admission: _____ Year of Graduation: _____
4. Hall Ticket/Roll Number: _____
5. Name of the Department: _____
6. Higher Education Pursued After Graduation (if any): _____
7. Name of Institution/University: _____
8. Year of Completion/Expected Completion: _____

## SECTION C: EMPLOYMENT AND PROFESSIONAL DETAILS

1. Current Employment Status:
   ☐Employed ☐Self-Employed/Entrepreneur
   ☐Pursuing Higher Education ☐Preparing for Competitive Exams
   ☐Seeking Employment ☐Other: _____
2. Current Job Title/Designation: _____

3. Name of the Company/Organization: _____
4. Industry/Sector:

   ☐IT/Software ☐Banking/Finance ☐Marketing/Sales

   ☐Human Resources ☐Education ☐Healthcare

   ☐Hospitality/Tourism ☐Manufacturing

   ☐Government/Public Sector ☐Business/Entrepreneurship

   ☐Other: _____
5. Department/Functional Area: _____
6. Place of Work (City and State): _____
7. Country of Employment: _____
8. Office Address (optional): _____

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9. Type of Employment:

   ☐Full-Time ☐Part-Time ☐Contract ☐Internship

   ☐Freelance ☐Business Owner
10. Total Work Experience:

    ☐Fresher ☐Less than 1 year ☐1–3 years

    ☐3–5 years ☐5–10 years ☐More than 10 years
11. Date of Joining Current Organization: _____
12. Professional Email Address (optional): _____
13. LinkedIn Profile URL (optional): _____
14. Are you currently looking for a job or career advancement?

    ☐Yes ☐No
15. Would you be willing to share job openings or internship opportunities with LMA students?

    ☐Yes ☐No

## SECTION D: ALUMNI ASSOCIATION PARTICIPATION

1. Why would you like to join the LMA Alumni Association?

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2. Areas in which you would like to contribute:

   ☐Career Guidance and Mentoring

   ☐Guest Lectures and Seminars

   ☐Internship and Placement Support

   ☐Industry Networking

   ☐Entrepreneurship and Start-up Guidance

   ☐Alumni Meets and Reunions

☐Workshops and Skill Development

☐Social Responsibility Activities

☐Other: _____

3. Would you be willing to mentor current LMA students?
   ☐Yes ☐No ☐Maybe
4. Would you like to participate in alumni meetings and networking events?
   ☐Yes ☐No
5. Preferred Mode of Communication:
   ☐WhatsApp ☐Email ☐Phone Call ☐SMS
6. Any suggestions for the development of the LMA Alumni Association?

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## SECTION E: DECLARATION AND CONSENT

I hereby declare that the information furnished in this form is true and correct to the best of my knowledge. I wish to become a member of the London Management Academy Alumni Association and agree to abide by its rules, regulations, and guidelines.

I consent to London Management Academy using my contact and professional details for alumni membership administration, alumni networking, career-related communication, and association activities. I understand that optional information will be used only for relevant purposes and that I may request correction or withdrawal of my consent, subject to applicable requirements.

**Signature of the Alumnus/Alumna:** _____

**Name:** _____

**Date:** ____ / ____ / _____

## FOR OFFICE USE ONLY

- Membership ID: _____
- Application Received On: _____
- Verification Status: ☐Verified ☐Pending
- Membership Status: ☐Approved ☐Pending
- Remarks: _____