



CBSE SCHOOLS MANAGEMENT ASSOCIATION

A global forum of CBSE Schools Management (Regn.No.88 / 2014)

Corporate Office : #249 A, Ganapathy Pudur St.No.3, Ganapathy
Coimbatore - 641 006, Tamilnadu



Application Form for Membership

School

Class levels taught in the school Primary Elementary Secondary Senior Secondary

Year of Establishment Affiliation No

Boarding Facility Day Day Cum Residential Residential

School campus area (in acres) Total number of students

Address of School

 District.....State.....Pincode.....

Telephone Mobile

Email Website

Name,designation and address of Key Contact Persons to represent the member school:
(Key Contact Persons are Trustee Chairman President Treasurer)

<p>PERSON 1</p> <p>Name : <input type="text"/></p> <p>Address : <input type="text"/> <input type="text"/> <input type="text"/> Pincode.....</p> <p>Designation : <input type="text"/></p> <p>Telephone <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Mobile <input type="text"/></p> <p>Email <input type="text"/></p>	<p>PERSON 2</p> <p>Name : <input type="text"/></p> <p>Address : <input type="text"/> <input type="text"/> <input type="text"/> Pincode.....</p> <p>Designation : <input type="text"/></p> <p>Telephone <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Mobile <input type="text"/></p> <p>Email <input type="text"/></p>
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Name and address of the registered trust under which the school is functioning

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.....
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.....Pincode.....

No. of Trustees

Other group institutions belonging to this Trust. Along with year of establishment & No. of students (List shall be enclosed)

Name of the school management members

Chairman

:

Correspondent

:

Secretary

:

Director

:

Any Others

:

Is your school already member of any other management association of state?

If yes, please mention membership details (Name of the association & membership date)

Is your school associated with any one or more Sahodaya? If yes, please provide details.

Payment Details

Cheque / Demand draft No. :

Dated

Drawn on :

Amount in Rs

Authorized signatory: _____ Name : _____ Designation : _____

Date : _____ Seal : _____

Note :

1. One Time Registration Fees Rs 10000/- and Annual Membership charges Rs 5000/-
2. Please enclose a self attested photo, identify proof along with address (Issued from state/central govt) of any Management Personnel only

For Office use only		
Subscription fee receipt No.dt.		Verified by Membership No.
Treasurer	Secretary	President