



# INDIAN MANAGEMENT SCHOOL & RESEARCH CENTRE

ISO 9001: 2015 Certified

UKRAS & Skill Development Council Canada Accredited Institute

Paste your colored.  
Photograph

COURSE NAME: \_\_\_\_\_

SPECIALIZATION SELECTED: \_\_\_\_\_

1. Give your full Name (as you need on the certificate)

\_\_\_\_\_

2. Father's / Mother's / Guardian's Name: \_\_\_\_\_

3. Date of Birth   /   /

4. Male  Female  Married  Single

5. Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Mailing Address:  	Permanent Address:  
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6. Email: \_\_\_\_\_

7. Qualifications.

Academic Qualification	University / College / Institution	Subject	Year of Passing	Grade / Division / Percentage
Graduation				
Masters				
Other				

Fees payment mode: Cash / NEFT /Western Union / Money Gram / Credit Card / Debit card

Course Total fees Amount: \_\_\_\_\_

Fees Paid: \_\_\_\_\_

Payment detail: \_\_\_\_\_

**Declaration by the Applicant:**

I certify that the information submitted by me in support of this application is true to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my admission is liable to be rejected/canceled at any stage of the program without any refund. I know and agree that after admission no refund, transfer, cancellation, or adjustment will be done under any circumstances. I know and agree that all disputes are subject to the jurisdiction of the court in Mumbai city only. I have read all information provided on the Institute website in detail.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Applicant

**FOR OFFICE USE ONLY**

Name: \_\_\_\_\_

Enrollment No.: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

**INDIAN MANAGEMENT SCHOOL & RESEARCH CENTRE**

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