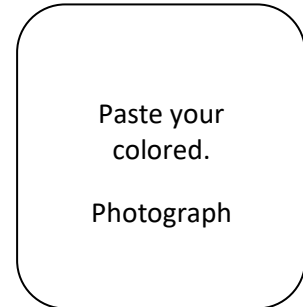


INDIAN MANAGEMENT SCHOOL & RESEARCH CENTRE

ISO 9001: 2015 Certified

UKRAS & Skill Development Council Canada Accredited Institute



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:
--------------------------	----------------------------

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: _____

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