

Admission form No. _____

Enrollment No. _____

INDIAN MANAGEMENT SCHOOL & RESEARCH CENTRE

IAO Accredited and an ISO 9001:2008 Certified Institute

COURSE NAME : _____

Paste your colored
Photograph

MODE : SINGLE **DUAL**

SPECIALIZATION SELECTED: _____

1. Give your full Name:

First Name	Middle Name	Surname
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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. Give detail starting Xth Standard.

Academic Qualification	University / College / Institution	Subject	Year of Passing	Grade / Division / Percentage
Xth				
XIth				
Graduation				

Attach DD / Cheque in favor of **“IMSR Institute”**

DD has to be payable at Mumbai city only.

Fees payment mode: Credit Card / DD / Cheque / Cash / NEFT / Money Gram / Western Union

Course fees Amount: _____

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 / cancelled at any stage of the program without any refund. I know that INDIAN MANAGEMENT SCHOOL & RESEARCH CENTRE (IMSR) is a private/autonomous institute by nature and do not have Govt regulatory authority recognition and affiliation for their distance learning program courses and hence it's understood that IMSR program certificate is not equivalent to certificate provided by recognized university. Although IMSR first insisted for UGC recognized course but due to my personal constraints I have opted for IMSR program certificate course. I know and agree that after admission no refund, transfer, cancellation or adjustment will be done in any circumstances. Currently Ministry of External Affairs of India and few embassies do attest IMSR program certificate and in future this facility may be continued or discontinued by respective bodies. I know and agree that all disputes subject to jurisdiction of court in New Mumbai city only. I have read, understood and fully agree the above declaration and I undertake to agree and abide to declaration before proceeding for admission on my own full responsibility and risk.

Place:

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

Name: _____

Enrollment No.: _____

Enrollment Date: _____

IMSR Institute

3, Ravee Rachana, Plot No. 62, Sector 34, Kamothe, New Mumbai - 410209

www.imsrindia.com