

REGISTRATION FORM

Stamp Size Photo

PART - A

1	Name of the Applicant	:	
2	Father's Name	:	
3	Mother's Name	:	
4	Gender	:	Male , Female
5	Date of Birth		Day Month Year
6	Nationality	:	Indian, If Other Specify:
7	Mobile No	:	
8	WhatsApp No	:	
9	Email ID		
10	Communication Address	:	
	Pin code	:	
	District	:	
	State	:	
11	Occupation	:	
12	Profession	:	
13	Name of the Organisation	:	
14	Year of Experience	:	

PART - B

15	Program for Registration	:	Certification Program 3 Month 6 Month 1 Year
16	Name of the Program	:	
17	Duration of the Program	:	
18	Mode of the Study	:	Offline Online
19	Name of the Institution	:	International Institute for Management & Research

Educational Qualification

SL. No.	Examination	Board/ University	Name of College	Year of Passing	CGPA/ % of Marks
20	10 th				
21	12 th				
22	+3 (Degree)				
23	PG				
24	Other, if Any				

PART - C

25	Name of the Bank & Bank Details	•	Axis Bank Janpath, Ashok Nagar,Bhubaneswar-751009 Name: Gokuleswar Foundation SB A/c-NO- 923020066337074 IFSC Code- UTIB0001862
26	Mode of Payment	•	DD NEFT IMPS NB UID QR AD CD
27	Total Amount (In INR)	:	Rs. In words: ()
28	Transaction ID/Receipt no	:	
29	Date of Payment	:	
30	In the Favor of	:	

I hereby declare that all the statements made in the application are true and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, my candidature may be cancelled.

Date:

Place: (Signature of the Applicant)

NB:

^{*} Please attached photocopy of self-attested certificate, Stamp size colour Photographs & Aadhar Card.

^{*} Submit your filled Application to International Institute for Management & Research, Bhubaneswar-16.