



INTERNATIONAL INSTITUTE FOR MANAGEMENT & RESEARCH

SMART - DIGITAL - INNOVATION

Website: www.imrinternational.org



REGISTRATION FORM

PART - A

Stamp Size
Photo

1	Name of the Applicant	:	
2	Father's Name	:	
3	Mother's Name	:	
4	Gender	:	Male <input type="checkbox"/> , Female <input type="checkbox"/>
5	Date of Birth	:	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	Nationality	:	Indian, If Other Specify: _____
7	Mobile No	:	<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"/>
8	WhatsApp No	:	<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"/>
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	:	<input type="checkbox"/> BBA <input type="checkbox"/> BCA <input type="checkbox"/> B. Sc. DS <input type="checkbox"/> MBA <input type="checkbox"/> MCA <input type="checkbox"/> PGDM
16	Name of the Program	:	
17	Duration of the Program	:	
18	Mode of the Study	:	Offline <input type="checkbox"/> Online <input type="checkbox"/>
19	Name of the Institution	:	International Institute for Management & Research



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

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	:	<div> <div>DD</div> <div>NEFT</div> <div>IMPS</div> <div>NB</div> <div>UID</div> <div>QR</div> <div>AD</div> <div>CD</div> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
27	Total Amount (In INR)	:	Rs. <input type="text"/> In words: (<input type="text"/>)
28	Transaction ID/Receipt no	:	<input type="text"/>
29	Date of Payment	:	<input type="text"/>
30	In the Favor of	:	<input type="text"/>

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