



INTERNATIONAL MANAGEMENT INSTITUTE, BHUBANESWAR

Project Management
September 20-21, 2013

REGISTRATION FORM

1. NAME (In capital letters) :
2. Designation :
3. Name of the Organization / Institute :
4. Address for correspondence :

- Mobile: _____ E-mail id: _____
5. Do you require accommodation in IMI-B campus: Yes/No _____
6. Attending the workshop on personal capacity or sponsored by your Institute? (Please tick)
7. Receipt to be made in favour of: Institute/ Self _____

Details of Fees¹

Demand Draft (DD) drawn on bank.....DD
No.....dated.....amount.....(In
words).....favouring 'INTERNATIONAL MANAGEMENT INSTITUTE,
BHUBANESWAR' towards fees for the above MDP.

Date:

Signature of the Candidate

Endorsement by the Employer, if applicable

Name of the Head of Institution/ Department:

Designation:

Official Seal

¹ Please add service tax as applicable