



IIMSR

Imperial Institute of Management Science & Research

A Unit Of Wales Education Trust

An ISO 9001-2015 Certified (KVQA)

Admission Form

Please fill this form and send it through mail

Application Form Fee - 550/-

ENROLLMENT NUMBER:

SESSION:

COURSE APPLIED FOR:

SPECIALIZATION 1.:

SPECIALIZATION 2.:



PERSONAL INFORMATION

FULL NAME:

BIRTH DATE (DD/MM/YYYY):

GENDER:

MOTHER'S NAME:

FATHER'S NAME:

CORRESPONDENCE
ADDRESS:

PERMANENT ADDRESS:

MOBILE(10 DIGIT):

PHONE(11 DIGIT):

EMAIL:

QUALIFICATION 1

DEGREE/DIPLOMA:	<input type="text"/>
NAME OF BOARD/UNIVERSITY:	<input type="text"/>
YEAR OF PASSING:	<input type="text"/>
SUBJECT:	<input type="text"/>
PERCENTAGE:	<input type="text"/>

QUALIFICATION 2

DEGREE/DIPLOMA:	<input type="text"/>
NAME OF BOARD/UNIVERSITY:	<input type="text"/>
YEAR OF PASSING:	<input type="text"/>
SUBJECT:	<input type="text"/>
PERCENTAGE:	<input type="text"/>

WORK EXPERIENCE 1

NAME OF EMPLOYER:	<input type="text"/>
JOINING DATE (DD/MM/YYYY):	<input type="text"/>
LEAVING DATE (DD/MM/YYYY):	<input type="text"/>
DESIGNATION:	<input type="text"/>
NATURE OF WORK:	<input type="text"/>

WORK EXPERIENCE 2

NAME OF EMPLOYER:	<input type="text"/>
JOINING DATE (DD/MM/YYYY):	<input type="text"/>
LEAVING DATE (DD/MM/YYYY):	<input type="text"/>
DESIGNATION:	<input type="text"/>
NATURE OF WORK:	<input type="text"/>

PAYMENT

PAYMENT MODE:

☐ CHEQUE

☐ DD

☐ ONLINE

☐ CASH

CHEQUE/ DD/ TRANSACTION
ID:

AMOUNT:

BANK:

DATE (DD/MM/YYYY):

DECLARATION

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED BY ME TO THE INSTITUTE IS TRUE AND CORRECT TO THE BEST OF MY ACKNOWLEDGMENT. I HAVE UNDERSTOOD THE TERMS AND CONDITIONS AND WILL ABIDE BY THE RULES AND REGULATIONS OF "IMPERIAL INSTITUTE OF MANAGEMENT SCIENCE & RESEARCH".

DATE:

PLACE:

website : www.iimsr.net.in, email : info@iimsr.net.in