

Enrolment Form

Course Details (Method) :

Period _____

1. Name of the Candidate

2. Organization

3. Qualification

a- Academic _____

b- Professional _____

4. Experience _____

5. Course fee Details _____

Address : _____

Tel : _____

Place _____

Date _____

Sponsoring Authority
Signature with stamp

Cheque/D.D. Payable to

"Institute of Quality Management" Mumbai.

Please use separate sheets, if required.

Also enclose copies of certificate/s.

Xerox of enrolment form can be sent,
if extra copies are required

For office use only

Accepted / Rejected

Signature and Seal