



From No.:

Indian Institute of Materials Management

Kolkata Branch

8B, Short Street, Kolkata- 700 017

Paste
Stamp Size
coloured
photograph

COURSE													
NAME OF APPLICANT:													
FATHER'S NAME:													
ADDRESS:													
		PIN					Mobile						
DATE OF BIRTH:	Day			Month			Year						
AADHAAR NO.													
SEX	Male		Female		Nationality								
STUDENT'S EMAIL ID													
EDUCATIONAL QUALIFICATION: (Attested Photo copy must be submitted)													
	Qualification	Board			Year of Passing			Marks %					
DEGREE													
10+2													
EXPERIENCE PROFILE (Please mention from current job title. Attested copy must be submitted).													
Organization		Job Title			period								
How did you get to know about IIMM Course (Please √ mark)													
Newspaper		Website		Friends		Others (Pl. specify)							
DECLARATION /UNDERTAKING													
I declare that all the information submitted in this application form is correct and complete. I acknowledge that the IIMM reserves the right to vary or reverse any decision regarding admission on the basis of incorrect or incomplete information provided by me.													
Date:						Signature of the Candidate							

Signature of the Course Coordinator

Signature of the Course Coordinator