

THE LEADERSHIP CLINIC

SEPTEMBER 8TH, 2017

REGISTRATION FORM

Name	:	(Mr./Ms./Dr.)
Designation	:	
Organization	:	
Office Address	:	
	_	Pin
Office Phone Nos.	:	
E-mail ID	:	
Mobile No.	:	
Date:		(Signature)

Please fill up the form and send it to us at harshita.tewary@imi.edu

You may make the payment through any of the below mentioned modes

Participation Fees (Rs. 16,500 + GST@18%)

Trade Name (Company/Organisation

Name) INTERNATIONAL MANAGEMENT INSTITUTE

B-10, QUTAB INSTITUTIONAL AREA, TARA CRESCENT, NEW

DELHI - 110016

Pan No. AAATI0972K TAN No. DELI03978C

GSTIN No. 07AAATI0972K1ZJ

Authorized/Contact Person:

Name: Mr. R K Singh

Designation: CFO

Phone No.: Landline: 01147194163 Mobile: 9810675558

E-mail: <u>rksingh@imi.edu</u>

Bank detail (for payments):

Account Name: INTERNATIONAL MANAGEMENT INSTITUTE

Account Number: 50084979288
Bank Name: ALLAHABAD BANK

C-405, CHITTARANJAN PARK, NEW

Bank Address: DELHI-110019
IFSC Code: ALLA0211083