



# Institute of Marketing Communications India

(Set up under the aegis of IGMP India registered under The Societies Registration Act, 1860  
Recognized by the Department for Promotion of Industry & Internal Trade, Government of India)

## REGISTRATION FORM

### **Please Note:**

1. Please complete all the information accurately. Incomplete or false information may make your candidature null and void.
2. The decision of the Institute will be final and binding on the applicants in all the matters relating to registration. If the institute rejects any application, full refund will be made.
3. For details for the programme, please visit [www.imciindia.org](http://www.imciindia.org).
4. You are required to enclose soft (scanned) copies of all relevant testimonials along with the registration form.

The completed registration form should be emailed and addressed to the Director, **Institute of Marketing Communications India (IMCI)**, C-6, Qutab Institutional Area, Near Old JNU Campus, New Delhi-110016, India to email ID [info@imciindia.org](mailto:info@imciindia.org)

Phone: [+91 9650304949](tel:+919650304949)

Application Details
Amount Rs.:
Demand Draft/CHQ No.:
Dated:
Bank:
PayU/NEFT reference no:
Credit/debit card transaction ID:

Affix a recent  
coloured passport  
size photograph

Registration Number					

\*Crossed DD or Cheque should be in favour of "Institute of Marketing Communications India" payable at New Delhi. Please write your name and address at the back of DD/Cheque. Applicable examination fee can be paid later as per the Institute's examination notification.

## PERSONAL INFORMATION

1. **Programme:**
2. **Mode:**
3. **Full Name:**
4. **Address of correspondence (in capital letters)** \_\_\_\_\_  
\_\_\_\_\_ **Postal code/Zip code** \_\_\_\_\_
5. **Mobile no.:**
6. **Date of Birth:**
7. **Gender:**
8. **Mother's Name:**
9. **Father's Name:**
10. **Email Id:**

**11. Phone no with STD code.:**

**12. Nationality:**

**13. Category:**

(SC: Scheduled Caste; ST: Scheduled Tribe; PH: Physically Handicapped; EWS: Economically Weaker Sections; Ex-servicemen; Attached copy of the certificate as applicable for 10% fee Concession)

## WORK EXPERIENCE

**14. Work Experience (If any)**

- i. Total work experience: \_\_\_\_ Year \_\_\_\_ Months
- ii. List all your work

From	To	Total completed months	Name the organization	Designation	Brief job profile

## ACADEMIC QUALIFICATIONS

**15. Pre-Bachelor's Degree Examination(s):**

Std.	School/ Institute	Board/ University	Year completed	% Marks Obtained	Class/ Division
10 <sup>th</sup> High School					
12 <sup>th</sup> Intermediate					

**16. Bachelor's Degree Examination(s):**

Degree Obtained		Subject/Specialization	
College/Institute		University	

Year		Marks considered for award of Class/Division in Bachelor's
From (DD/MM/YYYY)	To (DD/MM/YYYY)	CGPA/ % of Marks obtained/ Grade

**17. Post-Graduation Degree/Diploma (if any):**

Degree Obtained		Subject/Specialization	
College/Institute		University	

Year		Subject	% of Marks obtained
From (DD/MM/YYYY)	To (DD/MM/YYYY)		

**18. Professional qualification (if any):**

Degree Obtained		Subject/Specialization	
College/Institute		University	

Year		Subject	% of Marks obtained
From (DD/MM/YYYY)	To (DD/MM/YYYY)		

**DECLARATION**

I have carefully filled up all the information and agree to abide by the decision of the Institute of Marketing Communications India, New Delhi authorities regarding my registration. I certify that the particulars given by me in the form are true to the best of my knowledge and belief.

Date

Place

Name:

Signature: