



## REGISTRATION FORM

Programme: \_\_\_\_\_

Mode: \_\_\_\_\_

### 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.
3. For details of the Programme, please visit [www.imciindia.org](http://www.imciindia.org).
4. You are required to enclose self-attested photocopies of all relevant testimonials along with the registration form.

The completed registration form should be sent by a registered post or couriered to "The Director, Institute of Marketing Communications India (IMCI), H-119, H Block, Sector-63, Noida-201 307, Delhi National Capital Region (NCR), India, Phone: +91 9650304949, +91 120-4375280."

| APPLICATION FEE DETAILS* |  |
|--------------------------|--|
| AMOUNT Rs.               |  |
| DEMAND DRAFT/CHQ NO.     |  |
| DATED                    |  |
| BANK                     |  |
|                          |  |

| Registration Number |  |  |  |  |  |
|---------------------|--|--|--|--|--|
|                     |  |  |  |  |  |

(Leave this space blank)



\*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 DATA

1. Name \_\_\_\_\_  
(First Name) (Middle Names)(Last Name)

2. Gender  Male  Female

3. Date of Birth 

|    |    |      |
|----|----|------|
|    |    |      |
| DD | MM | YYYY |

4. Age : Years \_\_\_\_\_ Months \_\_\_\_\_

5. Mother's Name \_\_\_\_\_

6. Father's Name \_\_\_\_\_

7. (a) Address for correspondence (in capital letters) \_\_\_\_\_  
Postal code/Zip code \_\_\_\_\_

8. (b) Permanent Address (in capital letters) \_\_\_\_\_  
Postal code/Zip code \_\_\_\_\_

9. E-mail id \_\_\_\_\_

10. Contact Telephone No. with STD Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Mobile \_\_\_\_\_





15. Bachelor's Degree Examination(s):

|                   |  |                          |  |
|-------------------|--|--------------------------|--|
| Degree Obtained   |  | Subject / Specialization |  |
| College/Institute |  | University               |  |
|                   |  |                          |  |

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

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

|                   |  |                          |  |
|-------------------|--|--------------------------|--|
| Degree Obtained   |  | Subject / Specialization |  |
| College/Institute |  | University               |  |
|                   |  |                          |  |

|                                      | Year              |                 | Subject | Max. Marks | Marks Obtained | % of Marks Obtained |
|--------------------------------------|-------------------|-----------------|---------|------------|----------------|---------------------|
|                                      | From (DD/MM/YYYY) | To (DD/MM/YYYY) |         |            |                |                     |
|                                      |                   |                 |         |            |                |                     |
| Overall percentage of marks obtained |                   |                 |         |            |                |                     |

17. Professional qualification (if any):

|                   |  |                          |  |
|-------------------|--|--------------------------|--|
| Degree Obtained   |  | Subject / Specialization |  |
| College/Institute |  | University               |  |
|                   |  |                          |  |

|                                      | Year              |                 | Subject | Max. Marks | Marks Obtained | % of Marks Obtained |
|--------------------------------------|-------------------|-----------------|---------|------------|----------------|---------------------|
|                                      | From (DD/MM/YYYY) | To (DD/MM/YYYY) |         |            |                |                     |
|                                      |                   |                 |         |            |                |                     |
| Overall percentage of marks obtained |                   |                 |         |            |                |                     |

**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 this form are true to the best of my knowledge and belief.

Date  
Place

Signature of Applicant