



INSTITUTE OF COOPERATIVE MANAGEMENT, IMPHAL

Cooperative Complex, Lamphelpat

APPLICATION FORM FOR ADMISSION

Certificate Course on

Computer Based Accounting, Payroll, Tax Accounting & Inventory Control Using Tally.ERP9 with GST

w.e.f. 17-09-2020 to 16-11-2020

(To be filled in by the applicant)

Affix One
Passport Size
Photograph

1. Name of the Participant : _____
2. Designation : _____
3. Date of Birth : _____
4. Sex(Male/Female) : _____
5. Educational Qualification : _____
6. Category[SC/ST/OBC/GEN] : _____
7. Name of the Sponsoring Authority or Individual : _____
 _____ Contact No. _____
8. Contact No.(Mobile/Phone) : _____
9. Whatapp Number : _____
9. Aadhaar No. : _____
10. Father's/Guardian's/Husband's Name : _____
 _____ Contact No. _____
11. Home Address : _____
12. Online Payment Transaction ID (Admission Fee) : _____

I hereby declare that the above information is true to the best of my knowledge and belief. I also undertake that if I am admitted I shall abide by the rules and regulations of ICM, Imphal as conveyed from time to time, failing which I may be expelled from the Institute.

Place :

Date :

Signature of the Applicant