



INSTITUTE OF COOPERATIVE MANAGEMENT, IMPHAL Cooperative Complex, Lamphelpat

APPLICATION FORM FOR ADMISSION

6 Months Certificate Course on Computer Application

w.e.f. 18-09-2020 to 17-03-2021

(To be filled in by the applicant)

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