



INFINITY INSTITUTE OF MANAGEMENT SCIENCE & TECHNOLOGY

APPLICATION FORM

FORM NUMBER _____

Enrollment Number

Course Applied for

Specialization 1.

Specialization 2.

PHOTO

Full Name

Date of Birth

Father's Name

Mother's Name

Correspondence
Address

Permanent Address

Mobile Number

+	9	1											
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Phone Number

E-mail



INFINITY INSTITUTE OF MANAGEMENT SCIENCE & TECHNOLOGY

APPLICATION FORM

QUALIFICATION

Degree/Diploma	Name of Board University	Year of Passing	Subject	Percentage

WORKING EXPERIENCE

Name of Employer	Date of Joining	Date of Leaving	Designation	Nature of Work

FEE PAYMENT

PAYMENT MODE	CHEQUE	DD	ONLINE	CASH
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Cheque/DD/Transaction ID

Amount

Bank Date

DECLARATION

ISon/Daughter Mr. / Mrs.
..... hereby declare that all the information provided by me to
the institute is true and correct to the best of my knowledge. I have understood the terms and conditions and will
abide by the rules and regulations of "INFINITY INSTITUTE OF MANAGEMENT TECHNOLOGY" Date : / /

Signature of Applicant

Place



Office: N-92, Pratap Market, Munirka. Above Kotak Mahindra ATM. New Delhi-110067.
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www.iimst.co.in