



INTERNATIONAL INSTITUTE OF BUSINESS MANAGEMENT & RESEARCH TECHNOLOGY

AN INDEPENDENT PROFESSIONAL RESEARCH INSTITUTE

ADMISSION CUM EXAMINATION FORM

1. PROPOSED COURSE FOR STUDY (Please mark with an 'X' next to your choice):

- | | |
|--|--|
| <input type="checkbox"/> Executive Training Program | <input type="checkbox"/> Joint Certification |
| <input type="checkbox"/> Integrated Industrial Certification | <input type="checkbox"/> TUV SUD |
| <input type="checkbox"/> Six Sigma | <input type="checkbox"/> TEFL |

*Each Programme has a minimum duration of one year

2. PERSONAL INFORMATION

Full Name -	
Date of Birth:-	Nationality:
Native Language:	Other Language:
Have you ever been registered as a IIBMRT, student? YES / NO	
If YES, Please specify your former Registration No.:	
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3. CONTACT INFORMATION

Home Address (Dispatch Purpose)	
Town/City:-	Pin Code:-
Country:-	Mobile No:-
E-Mail:-	

4. PROPOSED TEST CENTRE:

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5 PREVIOUS ACADEMIC QUALIFICATION:

S.No	Examination Passed	Board /University	Reg. No. Year of Passing	Marks Obtained	% of Marks	Medium

6. SUPPORTING DOCUMENTS

- a) Secondary School Certificate (unless applying for Foundation Certificate)
- b) Copy of Identification Card (ID) or Passport
- c) Copies of Certificates accompanied by Transcripts (where applicable)
- d) Receipt of payment of Application fee

Once completed, the application should be scanned and sent to our official mail ID. The Admissions Office will not assess applications without proof of payment of Application fee. The cost of the Examination Centre (invigilation/courier etc.) is borne by the student.

DECLARATION

I hereby declare that the information submitted on this application is true to the best of my knowledge. Further, that IIBMRT will hold my personal information will be retained by IIBMRT, for a reasonable amount of time and that my personal data will be used for a variety of purposes that IIBMRT considers to be of benefit to students including (but not restricted to) monitoring academic performance, statistical reporting, awarding qualifications and provision of services. IIBMRT, will treat all information provided securely and in confidentiality. Further, I understand that the status of recognition of IIBMRT, diplomas/degrees may vary from country to country and that it is my sole responsibility to enquire about the recognition status of the diploma/degree for which I am applying. Further, I agree that, if for any reason it is proved in the future, either during the duration of my studies at IIBMRT or after the completion of my studies, that the information with regards to the recognition of the said programme is proved to be mistaken and/or the information given to me by an authority or body was a result of negligence and/or omission,

I will not have any claim against IIBMRT. Finally, I declare that I was informed by IIBMRT prior my enrolment, that I am entitled to a 90% refund of my application fee within 30 days from my enrolment and that after the 30 days period is over, no refund will be available should I decide not to pursue the course. By accepting the above terms and conditions, I understand that I form a legally binding agreement.

Signed:

Date:

OFFICE USE ONLY

Test Center Name & Code:
Date

Verified and Checked

Coordinator Signature With Seal



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1. Apply For:
Specialization

Pest Your
Recent Color
Photo With Self-
Attestation.

Examination Session: Private Online

Roll No: Test Center Code:

Registration No:

2. Student Name (In Block Letter):

3. Father's Name :

4. Address For Communication (In Block Letters) :

.Pin Code: Mobile Number:

Email Id :

5: (i) Date of Birth: (ii) Age: (iii) Sex: F M

(iv) Nationality: (v) Mother Tongue:

6 Previous Academic Qualification:

S.No	Examination Passed	Board /University	Reg. No. Year of Passing	Marks Obtained	% of Marks	Medium

7. Subjects Taken in Program:

1. 2. 3.
4. 5. 6.

