



Institute of Pharmaceutical Management

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Participant's full name		Paste your photograph
Date of Admission		
Type of Course	Classroom Training / Distance Learning	
Course name		
Branch	Batch no :	
Date of Birth		
Nationality		
Address for Correspondence	_____ _____ _____ Country : _____	
Telephone numbers	(M) :	(R) :
Email id :	Personal	
	Company	
Academic qualification	Year	Percentage
Current Organization	Designation & Department	Year of Joining
Total industrial experience (in years) :		
Signature :		

This is to confirm the admission of Mr./Ms. _____ for the course _____ by Classroom Training / Distance Learning at _____ branch. Batch No : _____	Paste photograph
For Institute of Pharmaceutical Management	
Authorized Signatory	