

# Institute of Supply and Materials Management

(Incorporated by Act of Parliament No. 3 of 1981)

## APPLICATION FORM

Course Name .....

Medium .....

Year & Course Number .....

### Personal Information

1. Name in Full : .....

(In Block letters) .....

(Mr./Mrs./Miss)

2. Name with initials : .....

3. Date of Birth : ..... N.I.C. No.: .....

4. Private Address : .....

.....

Telephone No : ..... Mobile : .....

E-mail : .....

### Education Qualifications

6. Highest Educational Qualification : .....

.....

(attach certified copy)

7. Professional Qualifications : .....

.....

(attach certified copy)

## Employment Information

8. Organisation / Company : .....

Official Address : .....

Telephone No : ..... Mobile : .....

E-mail : .....

10. Designation : .....

11. Name & Designation of officer responsible for Training / HR .....

.....

Telephone No : ..... E-mail : .....

## Sponsorship

12. Name of Authorized person: .....

*(Position)*

Address : .....

Telephone No : ..... Mobile : .....

E-mail : .....

How you know about ISMM ?

News Papers

e-advertisements

Web site

Friends

Relations

Other

I certify that the above facts are true and correct to the best of my knowledge. I agree to abide by the rules and regulations of ISMM pertaining to the above study course.

Date .....

.....

Signature of Applicant

**FOR OFFICE USE ONLY**

### Qualified / Not Qualified

Amount Paid : .....

Director Training : .....

Receipt No : .....

(Direct Deposit / Cash / Cheque)

Date : .....