



I M R
SMART SOLUTION

❖ SMART
❖ DIGITAL
❖ INNOVATION

#startupindia



Institute of Multi-Disciplinary Research for
Sustainability, Multi-Training, Adaptability, Renovation and Technology Solution
(Website: www.imrsmartsolution.in)

REGISTRATION FORM

PART - A

Stamp Size
Photo

1	Name of the Applicant	:	
2	Father's Name	:	
3	Mother's Name	:	
4	Gender	:	Male <input type="checkbox"/> , Female <input type="checkbox"/>
5	Date of Birth		Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	Nationality	:	
7	Mobile No	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8	WhatsApp No	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	Email ID	:	
10	Communication Address	:	
	Pin code	:	
	District	:	
	State	:	
11	Occupation	:	
12	Profession	:	
13	Name of the Organisation	:	
14	Year of Experience	:	

PART – B

15	Program for Registration	:	
16	Name of the Program	:	
17	Duration of the Program	:	
18	Mode of the Study	:	Offline <input type="checkbox"/> Online <input type="checkbox"/>
19	Name of the PTA	:	I M R SMART Solution, Bhubaneswar-13



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Educational Qualification

SL. No.	Examination	Board/ University	Name of College	Year of Passing	CGPA/ % of Marks
20	10 th				
21	12 th				
22	+3 (Degree)				
23	P G				
24	Other,if Any				

PART – C

25	Name of the Bank & Bank Details	:	State Bank of India OUAT Campus, Siripur, Suryanagar, Bhubaneswar-3 Name: MULTI DISCIPLY TRG CENT ESTBNT SB A/c-NO- 10173713011 IFSC Code- SBIN0003341
26	Mode of Payment	:	DD NEFT IMPS NB UID QR AD CD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27	Total Amount (In INR)	:	Rs. <input type="text"/> In words: ()
28	Transaction ID/Receipt no	:	
29	Date of Payment	:	
30	In the Favor of	:	

I hereby declare that all the statements made in the application are true and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, my candidature may be cancelled.

Date:

Place:

(Signature of the Applicant)

NB:

* Please attached photocopy of self-attested certificate, Stamp size colour Photographs & Aadhar Card

* Submit your filled Application to I M R SMART Solution , Bhubaneswar-13 (PTA)

Contact: I M R SMART Solution, Mayfair Lagoon Road, Jayadev Vihar, Bhubaneswar-751013
Tel: +91-9938165165 (M), +91-9937373165 (O) ; Email: imrsmartsolution@gmail.com