

INDIAN INSTITUTE OF MANAGEMENT

VIHAR LAKE, MUMBAI – 400 087

The client is requested to fill the below details and email along with nomination list to the <mailto:program@iimmumbai.ac.in>

Client details required for Invoice Generation:

1.	Name & Designation of contact person	:	
2.	Contact Details of person i) Email Id: ii) Cell No. / Phone No.	:	
3.	Name of Organisation	:	
4.	GST number to be mentioned in invoice (Please ensure that number matches with GST registration certificate)	:	
5.	PAN Number	:	
6.	i) Billing address of Organisation (along with Country and Pincode) Please mention mailing address if it is different from billing address.	:	
7.	Any other reference number	:	