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 coe.scm@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	:	