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 [program@iimmumbai.ac.in](mailto:program@iimmumbai.ac.in)

Client details required for Invoice Generation:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name & Designation of contact person | : |  |
| 2. | Contact Details of person   1. Email Id: 2. 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 | : |  |