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

Client details required for Invoice Generation:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name & Designation of contact person | : |  |
| 2. | Contact Details of person1. 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 | : |  |