

12. Academic Qualification Details

S.No.	Name of Examination	Year of Passing	Name of Board/University	Aggregate Percentage

13. Whether you are Expelled/Restricted from any educational Institute or convicted by a Court of Law or if any case is pending against you in a Court of Law? If so, Give details

<p>I certified that the above statements have been filled in by me and that the entries made are correct.</p> <p>Place</p> <p>Date</p> <p style="text-align: right;">Signature of the Applicant</p>

14. Enclosures

- a) The DD in favour of "Indian Institute of Materials Management payable at Mumbai".
- b) Self Attested copies of the qualification documents.
- c) Certificate of being a SC/ST/OBC (issued by Competent Authority)

FOR USE OF EMPLOYER OF THE CANDIDATE

<p>This is to certify that Shri/ Smt _____ Designation _____ of _____ Grade presently posted at _____ (Name of the Coal Company) is allowed to enroll in the Professional Diploma Course in Contract Management of IIMM. He will be released officially for the contact classes and examination to be conducted at IICM, Ranchi as and when notified by IIMM/IICM during the period of the course.</p> <p style="text-align: right;">(Signature of Forwarding Officer)</p> <p style="text-align: right;">(Name of Forwarding Officer)</p> <p style="text-align: right;">(Designation of Forwarding Officer)</p> <p>Date:</p>
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The application of Shri/ Smt _____ Designation _____
of _____ Grade presently posted at _____ is hereby forwarded along with DD No.
_____ dated _____ of _____ (Name of
the Bank) _____ (Name of the branch) in favour of Indian Institute of Materials Management
payable at Mumbai for verification and further necessary action.

(Signature of Nodal Officer, IICM)

(Name of the Nodal Officer, IICM)

It is hereby certified that the particulars given in this application form have been verified by us
and found correct as per certificates enclosed. The name of the student, Father's name, date of
birth & other details have been found matching with the certificates provided by the applicant.

Date:

Assistant Registrar
IIMM

Signature
Chairman – BOS, IIMM