



INSTITUTE OF MANAGEMENT BHUBANESWAR
GyanaVihar, Rasulgarh, Bhubaneswar-751010

**APPLICATION FOR 6TH TRIMESTER REGISTRATION / SUBJECT
REGISTRATION**

Name of the Student: _____

Registration No. _____ Trimester: _____

Mobile No. _____ E-mail Id: _____

SL NO	SUBJECT CODE	SUBJECT

Course Fee Status : (as on : date: _____)

Amount paid Rs. _____ (in wards _____)

Money Receipt No. _____ Date: _____

Outstanding Amount, if any _____

Verified by : Signature of Accountant _____

(Students Signature)

Name : _____

Father's name _____

Address: _____

(Academic Coordinator)

NB: All students are hereby informed that filling up the Subject Registration Form is compulsory.