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**AIMA MasterClass Series 2020: Online**

**REGISTRATION FORM**

The following officials would attend the programs under AIMA Masterclass series from our organization:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SNO** | **PROGRAM NAME & DATE** | **PARTICIPANT NAME** | **DESIGNATION** | **CORE FUNCTION\*** | **EMAIL ID** | **MOBILE NO.** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |

**INDUSTRY SEGMENT OF THE ORGANISATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* HR/ Finance/ Manufacturing/ General Management/ Sales/ Marketing/Supply Chain/ Customer Service or any else**

**PARTICIPATION FEE FOR THE PROGRAM :**

* INR 10,000+ GST per participant per programme for 1 to 2 nominations
* INR 8,500+ GST per participant per programme for 3 to 4 nominations
* INR 7,000+ GST per participant per programme for 5 or more nominations

*(*Group discounts can be availed on nominations from an organisation over multiple programs under the series*)*

* **GST of 18% will be charged on the participation fees.**

**Service Tax Regn. No. of AIMA :** AAATA 1644 AST001 **PAN no. of AIMA :** AAATA 1644 A

**PAYMENT OPTIONS: Please indicate your payment method:**

**Cheque DD Bank Transfer**

* **Bank Transfer: Kindly send us proof of payment.**

**Bank Transfer Details**

**Bank :** ICICI Bank Limited, ICICI Bank Tower, NBCC Place, Bisham Pitamah Marg, Pragati Vihar, New Delhi-110 003

A**/c No. :** 000701220419 **Account Name:** All India Management Association

**Branch Name:** NBCC Place, New Delhi **IFSC Code:** ICIC0000548 **MICR No:** 110229069

* **Cheque / Demand Draft in favour of “All India Management Association” payable at New Delhi**

**For more details please contact:**

**Vikas Sharma**

Centre for Management Development

**All India Management Association (AIMA)**

Management House, 14, Institutional Area, Lodhi Road**,** New Delhi – 110003, India

**Mobile: +91 – 9999678297, Email:** [**vikas@aima.in**](mailto:adixit@aima.in)

**TERMS AND CONDITIONS**

Registrations are subject to the following terms and conditions:

* Registrations are confirmed upon receipt of payment only.
* The delegate fee is non-refundable however, change in nomination is accepted.
* All programs would be conducted digitally on a secured platform meeting the security measures as suggested by CERT-IN and MHA Advisories.
* Log-in details for joining the Program will be shared with the participant(s) only after the receipt of the participation fee.
* VAT will be charged where applicable.
* Bank or any other Charges will be extra on remittances.
* All India Management Association (AIMA) reserves the right to postpone events or amend the programme, if necessary.
* This order form constitutes a non-refundable binding contract and a firm commitment to AIMA.

**CANCELLATION POLICY**

* Delegate fee is non-refundable however, change in nomination is accepted.
* Substitutions (if any) must be received in writing no later than 15 days before the start of the programme.

**Nominating Authority**

I confirm to have read and agree to the Cancellation Policy and the Terms and Conditions as detailed above:

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**