

Institute Name	
	Institute Code:

University Name	
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Institute Type: <input type="checkbox"/> Pre-Schools <input type="checkbox"/> Government Schools <input type="checkbox"/> Private Affiliated Colleges <input type="checkbox"/> Study Centers <input type="checkbox"/> Hotel Mgmt / Catering	<input type="checkbox"/> Private / Corporate Schools <input type="checkbox"/> Government Jr.Colleges <input type="checkbox"/> Government / University Colleges <input type="checkbox"/> Medical / Dental Colleges <input type="checkbox"/> Training Institutes	<input type="checkbox"/> International Schools <input type="checkbox"/> Private Jr.Colleges <input type="checkbox"/> PG Centers <input type="checkbox"/> Paramedical Colleges <input type="checkbox"/> Others
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* Colleges means : Engineering / Architecture / MCA / MBA / Junior / Degree / PG Colleges / Law / Medical / Dental / pharmacy / Ayurvedic / Homeopathy / Physiotherapy Agriculture / Veterinary etc..

Contact Address

Phone NO:		Fax:	
Address1:			
Address2:			
City / Town:			
District:			
State:			
Country:	India	Pin Code:	
Website			
Email :			

Contact Person Details

Name:	
Email :	
Designation:	
Phone No:	
	Fax:

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Subscription Cost/Amount ₹ _____	(All payments through Cheque/DD/On-line payment mode only. No cash Payments.)		
<input type="checkbox"/> Cheque/DD/Pay Order No: _____	Bank: _____	Branch: _____	Dated: _____
<input type="checkbox"/> Net Banking	Company / Account Name : India CompuMaster Ltd Bank: ICICI Bank Account No : 020205003515		
A/C Type: CURRENT NEFT RTGS IFSC Code : ICIC0000202 Branch: Panjagutta, Nagarjuna Hills, Hyderabad- 500 082.			

All Payments should be in favor of "India CompuMaster Ltd" payable at Hyderabad, India. Cheques can be dropped at any ICICI Bank across India or Courier to the following address.

Declaration

I/we hereby declare that the information provided by me/us in this form is correct and complete to the best of my knowledge. I/we have gone through and agreed to the terms of usage and conditions governing the relationship and the services made available by India CompuMaster Ltd, and also agreed not to disclose the payment terms to any other third party. I/we acknowledge and agree to pay India CompuMaster Ltd (mykg2PG.com) the above mentioned net amount payable on behalf of Institute for the featured services as chosen above. The payment is an advance payment for the services and the duration selected/decided.

Place: _____ Date: _____ Signature/stamp _____