



# REGISTRATION FORM

INDEPENDENT GROWTH MENTOR  
(IGM)

Photograph

This form is to be filled by only those **INDEPENDENT GROWTH MENTORS** who want to serve as a **Regional IGM member** under the **IGM Program** is being run by **SKILLFULNESS ACADEMY** that imparts the platform based on skills development & entrepreneurship to the enthusiastic people who are ready to devote their time & efforts for their personal, professional & economic growth of the Nation with the vision & mission of the organization.

Fill the information below and send / mail scan copy of the form at the given official mail id or address of the organization along with KYC documents and the registration amount.

<b>Full Name</b>			
<b>S/O, D/O, W/O</b>			
<b>D.O.B.</b>	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
<b>Marital Status</b>			
<b>Contact No.</b>	Call- <input type="text"/>	W/a- <input type="text"/>	
<b>E-Mail Address</b>			
<b>Academic Qualification</b>			
<b>Full Address With PIN</b>			
<b>Professional Skills</b>			
<b>Languages Known</b>			
<b>Language Proficiency</b>	Hindi <input type="text"/> / 10	English <input type="text"/> / 10	

IGM Package Name- \_\_\_\_\_

REGISTRATION FEES- \_\_\_\_\_

PAID

UNPAID

**Declaration:** The above mentioned information is true to the best of my knowledge and after understanding the whole concept of IGM Program run by Skillfulness Academy, I consciously agree all the terms & conditions (received on mail), & provide documents & required details to serve the organization as one of the Regional Members.

**Date of Joining-**

**Candidate's Signature**

**SKILLFULNESS ACADEMY**