

# Payment Portal

Enrollment No *	<input type="text" value="BSBAW12345"/>
Payer Name *	<input type="text" value="Shivam Kumar"/>
Email ID *	<input type="text" value="shivamrekumar@rediffmail.com"/>
Mobile No *	<input type="text" value="971584444423"/>
Address *	<input type="text" value="Dubai"/>
Program *	<input type="text" value="Bacehlor in Business Administration"/>
Semester/Module *	<input type="text" value="Fall 2019"/>
Amount in AED *	<input type="text" value="18000"/>
Type of Fee *	<input type="text" value="Tuition Fees"/>

By submitting this form, I agree to IMT's Fees and Refund policies, and I acknowledge that I am the authorized person for the transaction which I am about to complete.

PAY