

Indian Institute of Management, Ahmedabad

NOMINATION FORM							
Programme Title							
Date							
<p>Please return this completed form to: Manager (MDP) Indian Institute of Management, Ahmedabad 380 015 Phone: 91-79-66324072-7 ❖ Fax: 91-79-26300352 ❖ Email: mdp@iimahd.ernet.in</p>							
TO BE FILLED IN BY THE NOMINEE							
Name							
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Age	<input type="text"/>	Date of Birth	<input type="text"/>
Designation:							
Organization:							
Address for communication:							
City	<input type="text"/>	Pin	<input type="text"/>	Fax	<input type="text"/>		
Phone	(Office): <input type="text"/>		(Residence): <input type="text"/>				
Email	<input type="text"/>			Mobile	<input type="text"/>		
Description of present responsibilities		<input type="text"/>					
Designation of executive to whom you report			<input type="text"/>				
Qualification							
Degree	Subject(s)	Year	College/University				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Work experience							
Organization	Position	Years of experience	Gross Salary				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Previous IIMA programmes attended			
Programme title	Duration	Year	
Other programmes attended			
Institution	Programme title	Duration	Year
What are your expectations from this programme			

Date: _____

Signature: _____

TO BE FILLED IN BY THE SPONSOR							
Name of the sponsor				Designation			
Organization							
Address for communication							
		City				PIN	
Phone		Fax		Email			
Information on Organization							
Total assets (last year)				Total sales turnover (last year)			
Major products / services							
Form of organization		Proprietary	Partnership	Public Sector	Public Ltd.	Others (specify)	

Date: _____

Signature: _____

<p>Please indicate the sources of information of this MDP</p> <ul style="list-style-type: none"> ➤ Advertisement (Please specify): _____ ➤ Direct Mailing (Yes / No): _____ ➤ Website / Email: _____ ➤ Others (Please Specify): _____
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Payment Details: Cheque / DD No. _____ Date _____ Amount _____

Bank _____