



सिद्धिमूलं प्रबन्धनम्
भा. प्र. सं. इन्दौर
IIM INDORE

INDIAN INSTITUTE OF MANAGEMENT INDORE NOMINATION FORM

Programme Title.....

Programme Dates.....

TO BE FILLED IN BY THE NOMINEE

Your participation is Sponsored Self

Name.....

Male Female Age Yrs.

Designation.....

Organization.....

Organization Address.....

City..... PIN

Fax:.....

Phone: (O)..... (R).....

Mobile:..... E-mail:.....

Description of present responsibility.....

Designation of executive to whom you report.....

Work Experience.....

Please mail completed nomination form(s) to:

MDP Office
Indian Institute of Management Indore
"Prabandh Shikhar"
Rau-Pithampur Road
Indore 453 556 (M.P.) INDIA

Or fax to: +91 731 2439751 / 2439800

MDP Office

Register online at:

http://www.iimdr.ac.in/iimi/pages/programmes_main/nomination.php

For more information please contact:

MDP Office
Tel. : +91-731-2439750 / 752 / 753
Fax : +91-731-2439751 / 2439800
Email : mdp@iimdr.ac.in

Please use the photocopy of this form for multiple nominations.

continued on reverse ➔

Previous IIMI 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

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Phone:.....Mobile.....Fax:.....

Email:.....

Payment details

UTR No./Transaction ID..... Transfer Date.....

Amount..... Remitter Bank Name

Information on Organization

Major products / services.....

Form of organization: Proprietary Partnership Public Sector Private Sector Others (specify).....

Date :

Signature