Management Development Programme

On

 “STRATEGIC DEVELOPMENT SKILLS FOR EXECUTIVES”

7TH & 8th November 2024

**N O M I N A T I O N F O R M**

Name:...............................................................................................................................

Male Female Age …… Work Experience (Years) …….Designation …………….

Organisation: .....................................................................................................................

Address for Communication: ..............................................................................................

..............................................................................................................................................

Phone: (O).................................... (M)........................................................................

e-mail:....................................................................................................................................

Veg Non Veg

Description of present responsibility.......................................................................................

..................................................................................................................................................

Date................................ Signature.........................................

COURSE PARTICULARS

Mode of Payment NEFT / RTGS Date..........................Amount................

Transaction/ Reference Number and Bank details of payment …………………………......

…………………………………...................…………………………………………………

……………………...............................................

TO BE FILLED IF SPONSORD BY THE ORGANISATION

Name of the Sponsor............................................................................................................

Dcsignation..........................................................................................................................

Name of the Organisation....................................................................................................

Address of the Organisation.................................................................................................

Phone.........................E-mail................................................................................................

Date............................ SEAL Signature............................................