



सिद्धिमुलं प्रबन्धनम्  
भा. प्र. सं. इन्दौर  
IIM INDORE

## INDIAN INSTITUTE OF MANAGEMENT INDORE NOMINATION FORM

Programme Title : One Year Certificate Programme in Management

Programme Dates : October 26, 2009 – October 25, 2010

————— TO BE FILLED IN BY THE NOMINEE —————

Name.....

Male

Female

Age  Yrs.

Designation.....

Educational Qualification .....

Organization.....

Address for communication.....

.....

City..... PIN

Fax:.....

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

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

Description of present responsibility .....

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

.....

Work Experience

.....

.....

Please mail completed nomination form(s) to:

CPM Office  
Indian Institute of Management Indore  
"Prabandh Shikhar"  
Rau-Pithampur Road  
Indore 453 331 (M.P.) INDIA

Or fax to:  
+91 731 4228751 / 4228800

Register online at:  
<http://www.iimidr.ac.in/iimi/pages/institute/cpm.php>

For more information please contact:  
CPM Coordinator  
Tel.: +91 731 4228752  
Email: [poojad@iimidr.ac.in](mailto:poojad@iimidr.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
.....	.....	.....	.....
.....	.....	.....	.....

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:.....

Information on Organization

Major products / services.....

Date: .....

Signature