

Previous IIMI programmes attended	Duration	Year
Programme title		
.....		
.....		

Other programmes attended	Duration	Year
Institution	Programme title	
.....		
.....		

What are your expectations from this programme?

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.....

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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.....

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

Date :.....

Signature

<p>We would like you to tell us how you came to know about this programme. Please tick <input checked="" type="checkbox"/> the appropriate box alongside and give names where applicable.</p>	<p><input type="checkbox"/> Direct Mailing</p> <p><input type="checkbox"/> Print Media (specify).....</p> <p><input type="checkbox"/> Website/Email</p> <p><input type="checkbox"/> Others (specify).....</p>
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