



## INDIAN INSTITUTE OF MANAGEMENT INDORE, INDIA

### **NOMINATION FORM** **MANAGEMENT DEVELOPMENT PROGRAMME**

Programme Title \_\_\_\_\_

Programme Dates \_\_\_\_\_

#### TO BE FILLED IN BY THE NOMINEE

Name \_\_\_\_\_

Male

Female

Age

Designation \_\_\_\_\_

Organisation \_\_\_\_\_

Address for communication \_\_\_\_\_

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**  
"Prabhandh Shikhar"  
Rau-Pithampur Road  
Indore 453 331 (M.P.) INDIA  
**Or fax to :**  
**+91 731 2439751 / 2439800**

**Register online at :**  
[http://www.iimidr.ac.in/iimi/pages/programmes\\_main/nomination.php](http://www.iimidr.ac.in/iimi/pages/programmes_main/nomination.php)

**For more information please contact :**  
MDP Office  
Tel. : +91-731-2439753 / 752 / 750  
Fax : +91-731-2439751 / 2439800  
Email : [mdp@iimidr.ac.in](mailto:mdp@iimidr.ac.in)  
for detailed process of registration, substitution, withdrawal, refund policy, certification etc. please visit  
<http://www.iimidr.ac.in/iimi/pages/institute/mdpregistraton-process.php>  
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	Years
_____	_____	_____	_____
_____	_____	_____	_____

What are your expectations from this programme?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

**TO BE FILLED IN BY THE NOMINEE**

Name of the sponsor \_\_\_\_\_ Designation \_\_\_\_\_

Organisation \_\_\_\_\_

Address for communication \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ PIN

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Information on Organisation

Major products / services \_\_\_\_\_

Form of organisation :  Proprietary  Partnership  Public Sector  Private Sector  Others (specify) \_\_\_\_\_

Date : \_\_\_\_\_

Signature